IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Ernest Cockerell DATE 7-1-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 2416 Bell Terre

S. R. No. _____

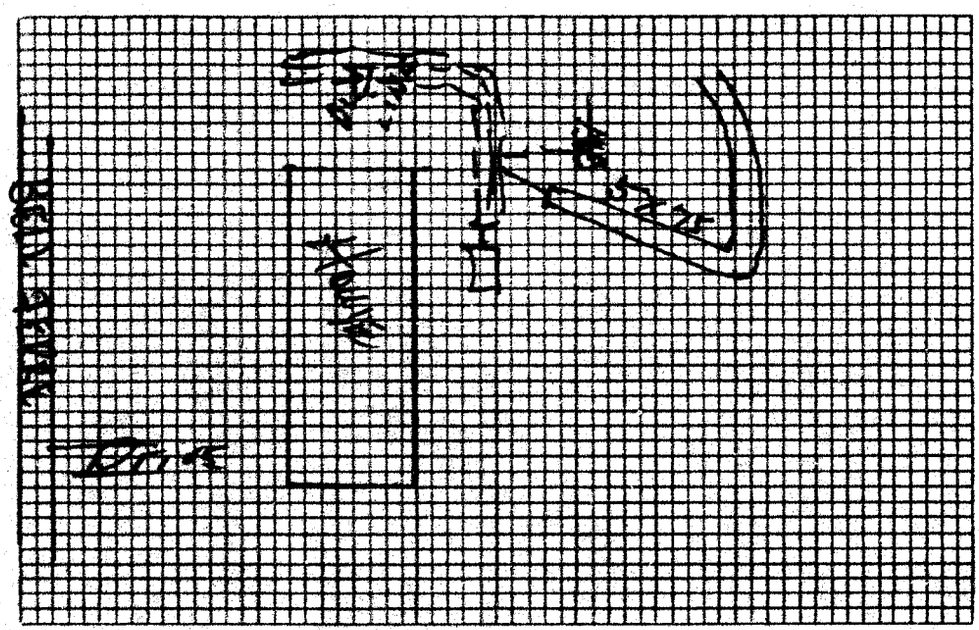
SUBDIVISION NAME Bell Terre LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	[illegible]
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	[illegible]
Auto. Wash. Machine	Yes ( )	No ( )	Topography	[illegible]
Site Suitable	Yes ( )	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area _____



Plot of System

Size of Tank [illegible] Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 275 Linear Ft. 150

Depth of Stone in Lines 10"

Water Supply: Individual ( )

Public (✓)

Installed by [illegible]

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [illegible] DATE 7/1/77

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold