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 Charles Bell DATE 12-18-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Florence Circle

S. R. No. _____

SUBDIVISION NAME Mitchell Acres LOT NO. 57 SECTION OR BLOCK NO. _____

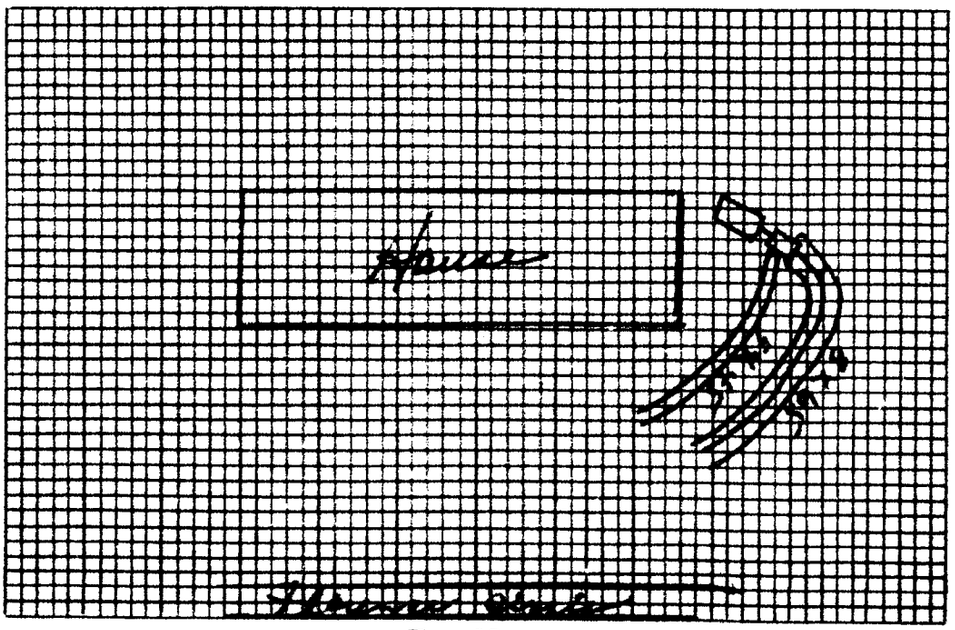
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Lot Area _____

Character & Porosity of Soil Red Clay
Percolation Rate Can't locate
Topography Slopes to N Side & Flat
Depth to Water Table 2'+
Rock or other impervious formations _____



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 750 Linear Ft. 348
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (✓)

Installed by Hicks Septic Tank Service

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Foster DATE 12/18/75

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