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 Ben A Stinson DATE 6-22-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Eastbrook - Heritage Rd - on left

SUBDIVISION NAME Eastbrook S. R. No. _____

LOT NO. 25 + ½ 26 SECTION OR BLOCK NO. _____

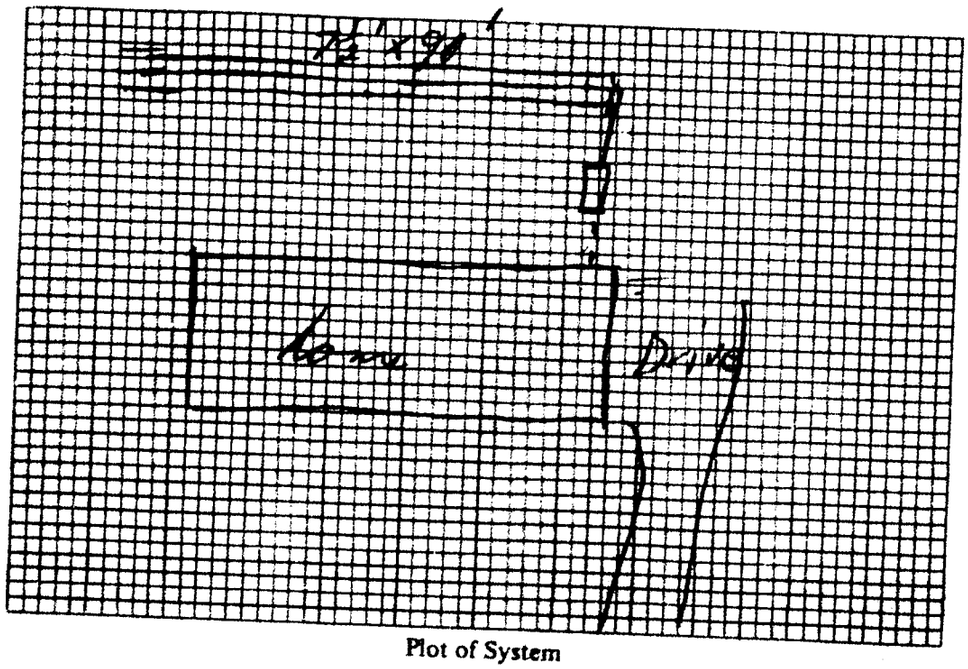
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area 30,000 sq ft

Character & Porosity of Soil loam clay sl
Percolation Rate _____
Topography slight slope
Depth to Water Table _____
Rock or other impervious formations possible



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 675 Linear Ft. 270
Depth of Stone in Lines 10
Water Supply: Individual ( )
Public (✓)

Installed by Sigmon

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew E. Camp DATE 6-22-74

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