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 Wayne Hill DATE 10-17-78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION E. Broad St. Ext. 1st lot Past Florence Dr. on ~~West~~ West S. R. No. _____

SUBDIVISION NAME Mitchellaire LOT NO. 11 SECTION OR BLOCK NO. _____

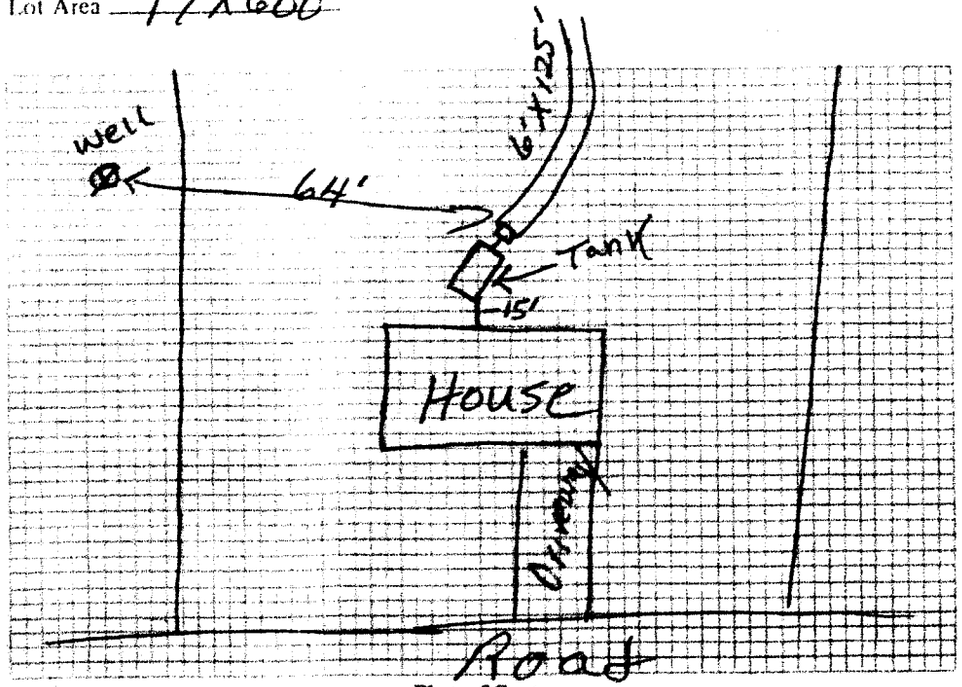
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 97'X600'

Character & Porosity of Soil Cecil Fine Sandy clay loam
Percolation Rate Maj.
Topography 2 to 6% Slope
Depth to Water Table 10'+
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16"
Water Supply: Individual ~~( )~~
Public ( )

Installed by Sammy Harris

IMPROVEMENTS PERMIT BY Andrew Causey

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 10-17-78

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