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 Joe Brawley DATE 9/12/79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION E. Brand Extt, T.R. onto Hollingswood Dr., 1st house on Rt 122 Hollingswood Dr

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

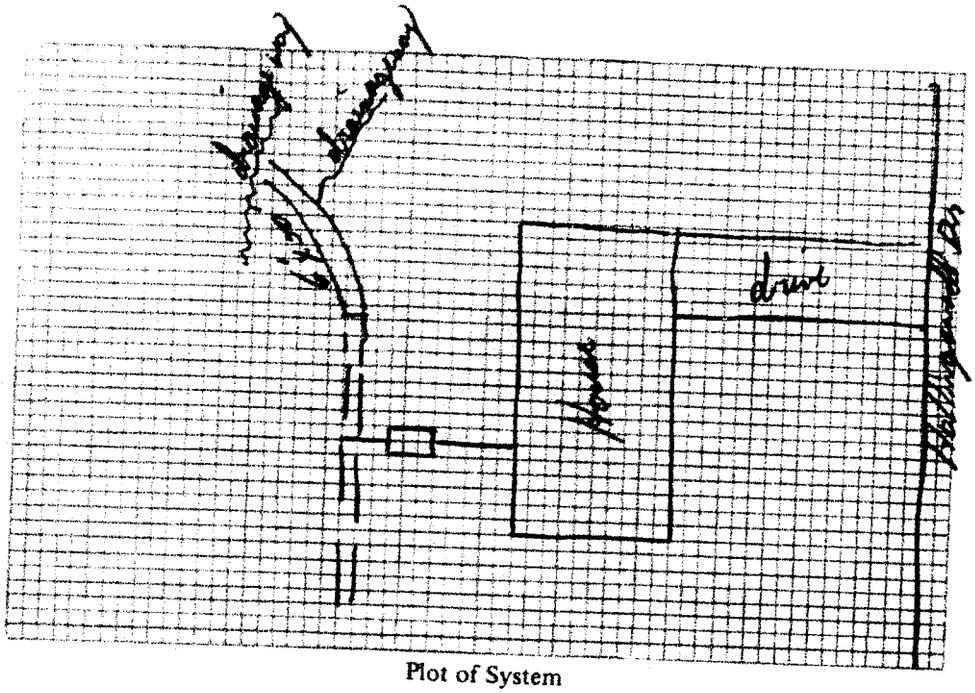
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

Character & Porosity of Soil Cecil Clay
Percolation Rate none
Topography 2-6%
Depth to Water Table unk
Rock or other impervious formations _____



Plot of System

Repair
Size of Tank existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (✓)

Installed by Hanks Lackey

IMPROVEMENTS PERMIT BY R.E.C.

COMMENTS: Divert all surface water away from system

CERTIFICATE OF COMPLETION BY Andrew E. Causey DATE 9/14/79

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