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 Jerry williams DATE 7-19-78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64 E TL on old mocksville Rd 1mi TL 300 yd TR 500' on left S. R. No. _____

SUBDIVISION NAME Brookview Trailer Park LOT NO. 28 SECTION OR BLOCK NO. _____

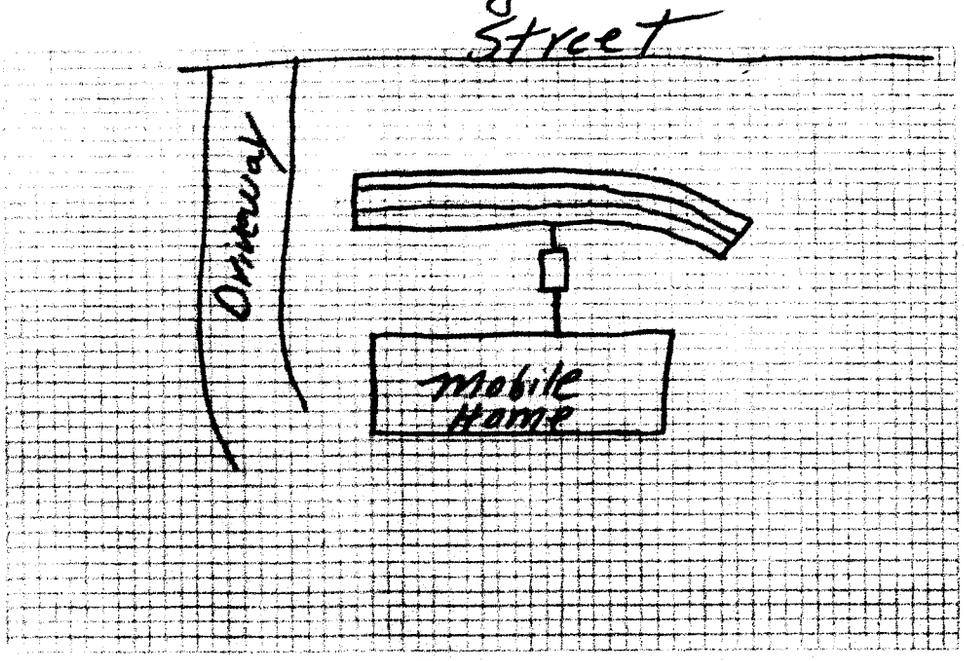
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1

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

Lot Area 80X100 Existing

Character & Porosity of Soil _____
Percolation Rate _____
Topography Existing
Depth to Water Table _____
Rock or other impervious formations System



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 562½ Linear Ft. 225
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by C. Hoke

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing System was functioning at time of inspection.

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 7-19-78

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