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 Mr. F. Sales DATE 7-31-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Brookview Trailer Park - 4th Mobile Lane on Rt. near Stream S. R. No. _____

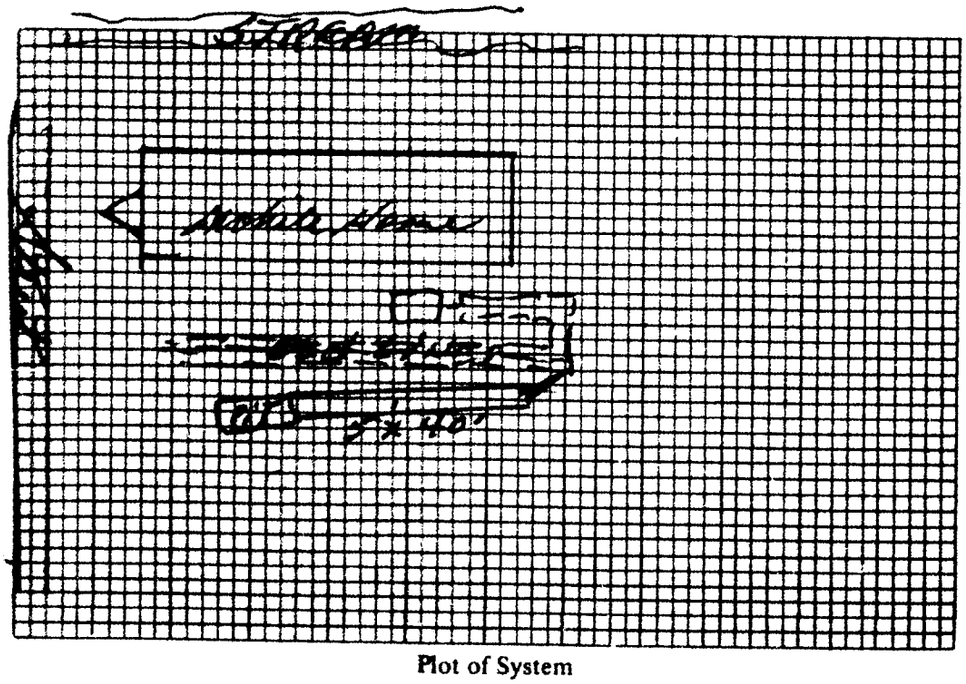
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes	Repair	No	( )	Character & Porosity of Soil _____
Auto. Dishwasher	Yes	( )	No	( )	Percolation Rate _____
Auto. Wash. Machine	Yes	( )	No	( )	Topography _____
Site Suitable	Yes	( )	No	( )	Depth to Water Table _____
					Rock or other impervious formations _____

Lot Area _____



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 200 Linear Ft. 80
Depth of Stone in Lines 16" + 12"

Water Supply: Individual ( )
Public (✓)

Installed by Tobe Lytton

IMPROVEMENTS PERMIT BY _____

COMMENTS: Fallow type soil - no absorption - This repair area is all of area that can be used for drainfield -

CERTIFICATE OF COMPLETION BY Glenn F. Dr. DATE 7/31/75

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