14 22 64 22 36 24 40

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 Mrs F. Sales DATE 7-23-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Brookview Trailer Park

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 25 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 Repair

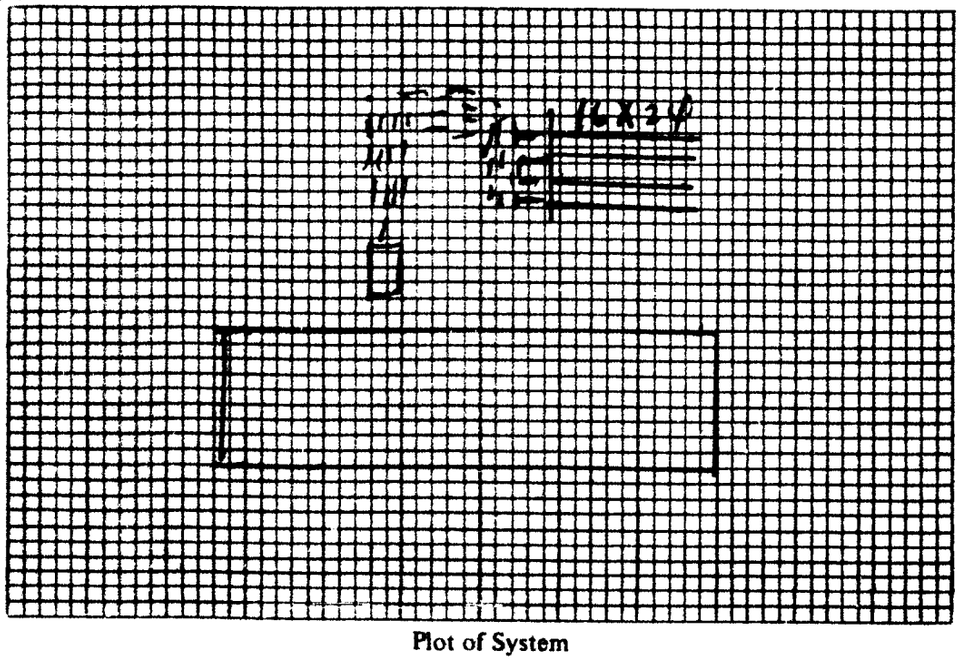
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

16x24



Plot of System

Existing Repair

Size of Tank _____ Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 384 Linear Ft. 96

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by Wes Lytton

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Fox DATE 7/25/75

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