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 Martha Witherspoon DATE 2-6-76 PERMIT NO. _____

PHONE: Business _____ Home _____

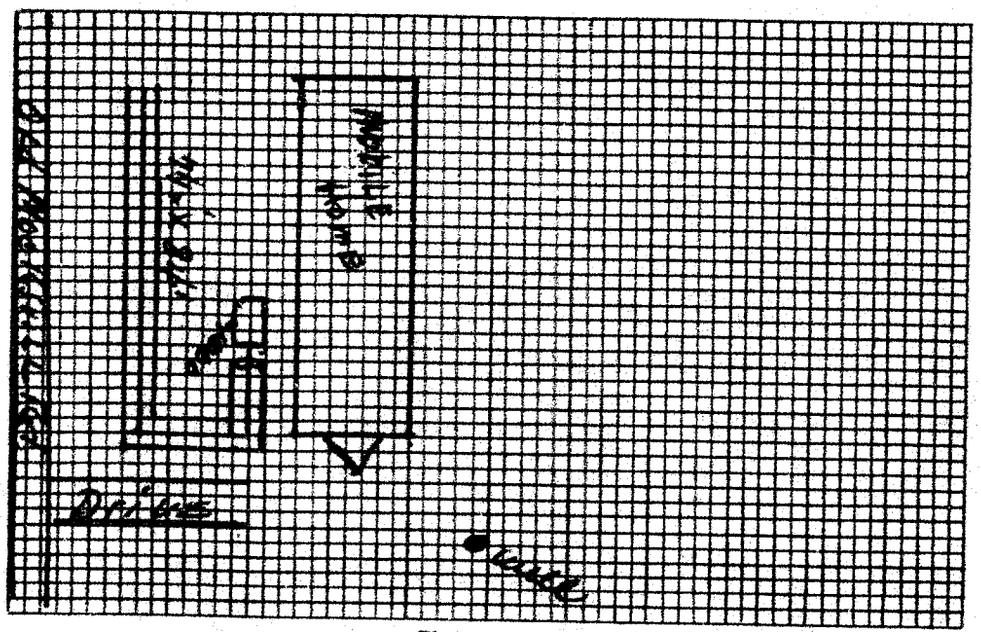
LOCATION 64E. TL on Rd #2158 (Old Mocksville Rd) Go 1/8 mile Mobile Home on Rt. Across from TL Dysard + Son Office S. R. No. 2158

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

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Gail clay - Red
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	Low laying
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Slope to front
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	25+
Lot Area 1 Acre			Rock or other impervious formations	None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 675 Linear Ft. 250
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by Elliott County & Son

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steven Foster DATE 2/6/76

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