IREDELL COUNTY HEALTH DEPARTMENT

Statesville Phone TR 3-7271 Mooresville Phone NO 3-1271

PERMIT TO INSTALL SEPTIC TANK

Permit NO._____ Permit Date_____ 19___

Owner Mr. Charles Fox Address _____

Installed B[illegible] Address _____

Location of Property [illegible] Mooresville Rt. 7

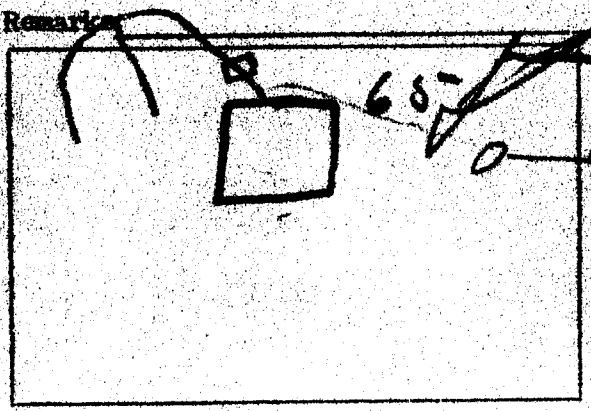
Near

Tank		Capacity		Length of Lines		Fixtures	
Block	( )	800	( )	150'	( )	No. of Baths	1 ( )
Precast	( )	900	( )	175'	( )	Dishwasher	( )
cement		1000	( )	200'	( )	Garbage Grdr.	( )
		1100	( )	225'	( )	Auto-Washer	( )
		1200	( )	250'	( )	Other_____	
		Other_____		Other_____			

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection _____ 19___ Approved ( ) Disapproved ( )

Remarks _____



Sketch of Installation

Sanitarian