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 Jim Evans DATE 3/27/75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION E. Broad Ext., T.L. into Brookwoods, house on Rt. _____ S. R. No. _____

SUBDIVISION NAME Brookwoods LOT NO. 415 SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 3

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

Lot Area 345 X 165 approx

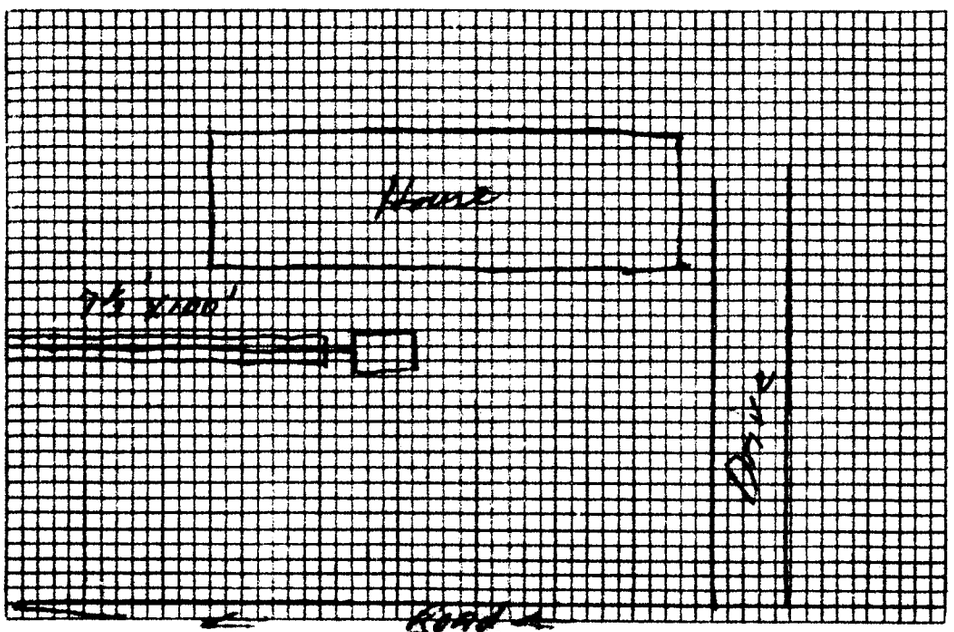
Character & Porosity of Soil Red Clay

Percolation Rate _____

Topography Slope to front

Depth to Water Table _____

Rock or other impervious formations none



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 270 Linear Ft. 200

Depth of Stone in Lines 18"

Water Supply: Individual ( )
Public ( )

Installed by self

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew E. Causey DATE 3/27/75

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