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 Don Hatton DATE 1-15-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Bell Road on Rt past Rhinehart Church of Christ S. R. No. _____

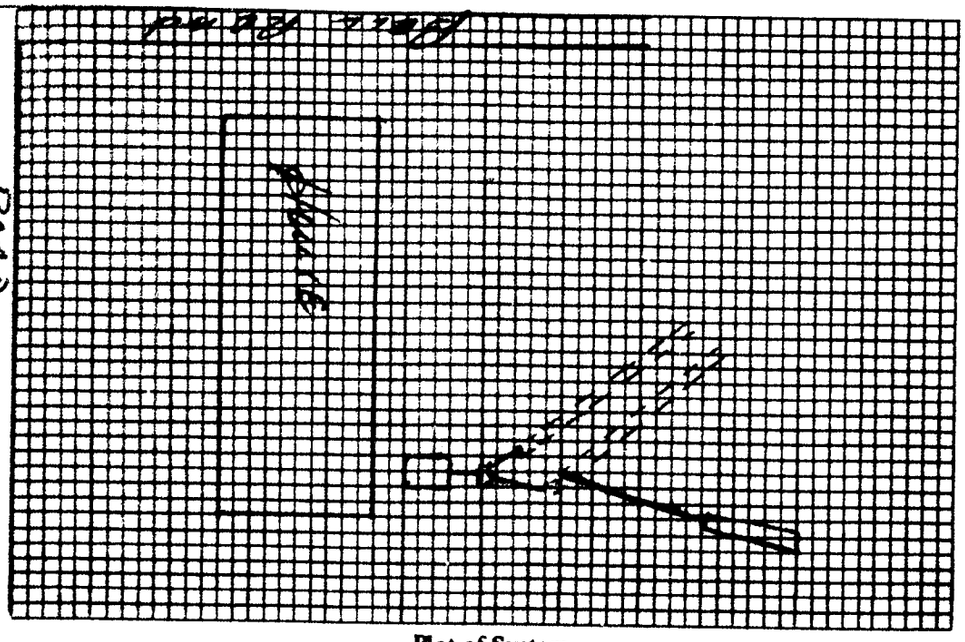
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms X No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	/
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	Repair
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 Repair Gals.

Nitrification Field:
No. of Lines 1 - 4' Pit
Sq. Ft. _____ Linear Ft. 50
Depth of Stone in Lines 6'

Water Supply: Individual ( )
Public ( )

Installed by Henry Sigmon

IMPROVEMENTS PERMIT BY _____

COMMENTS: Septic Tank System located due to surface water - Installed accordingly - get and advise Mr Hatton to divert surface away from Septic Tank System

CERTIFICATE OF COMPLETION BY _____ DATE 4/15/75

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