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 Foster Corp DATE 9-23-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64 E TL on Bell Rd. Mapleleaf Dr. _____ S. R. No. _____

SUBDIVISION NAME Cedar Hill LOT NO. 56 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area _____

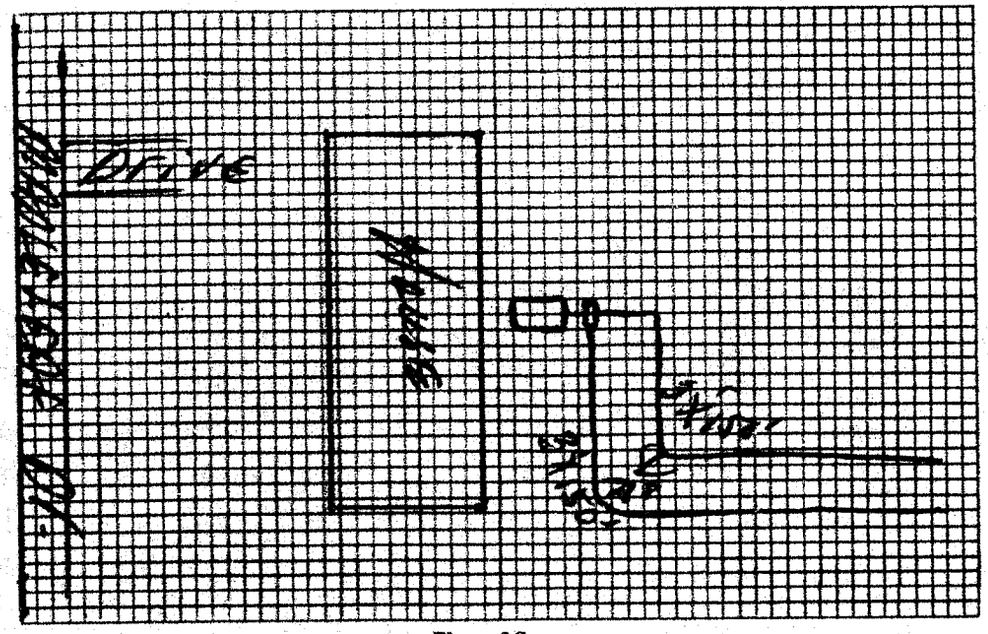
Character & Porosity of Soil Clay

Percolation Rate Slow

Topography 6-10% Slope

Depth to Water Table Deep

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 900 Linear ft. 300

Depth of Stone in Lines 6"

Water Supply: Individual ( )

Public (✓)

Installed by Hyatt + Sale

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 9/23/77

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