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 2-23-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64 E. TR on Bile Rd. Mayfield Dr

S. R. No. _____

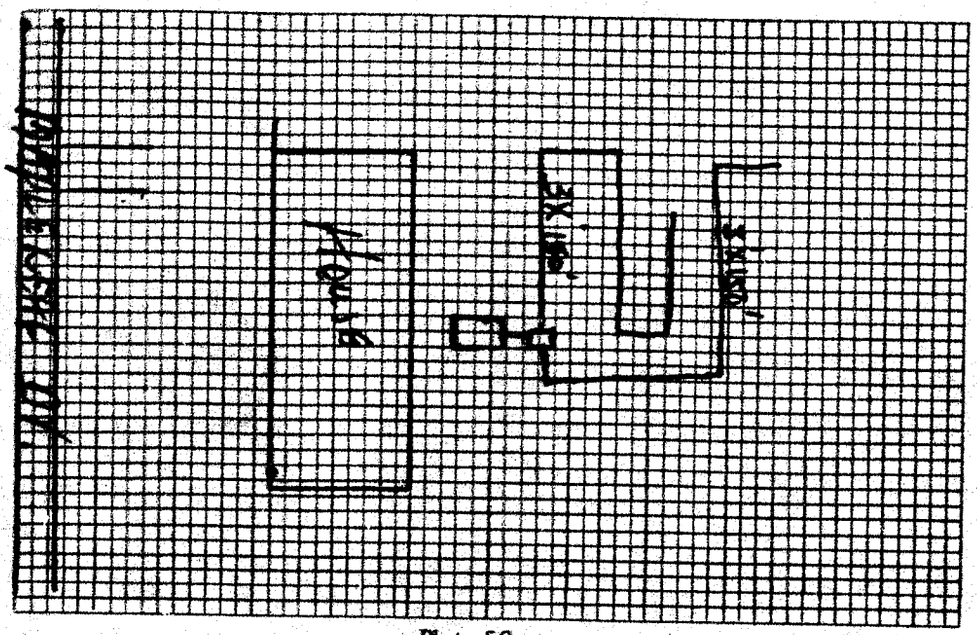
SUBDIVISION NAME Cedar Hill LOT NO. 57 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1 1/2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	27 min
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	6% Slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	Unk
			Rock or other impervious formations	none

Lot Area _____



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 _____
Water Supply: Individual ( )
Public (✓)

Installed by Hoyt + Sale

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 2/23/77

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