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 Mrs Rob Stroud DATE 8-19-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 646 E. Inn Rd at dist driveway 500 yds past Beavers Store S. R. No. _____

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

House ( ) Mobile Home (✓) 2 Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

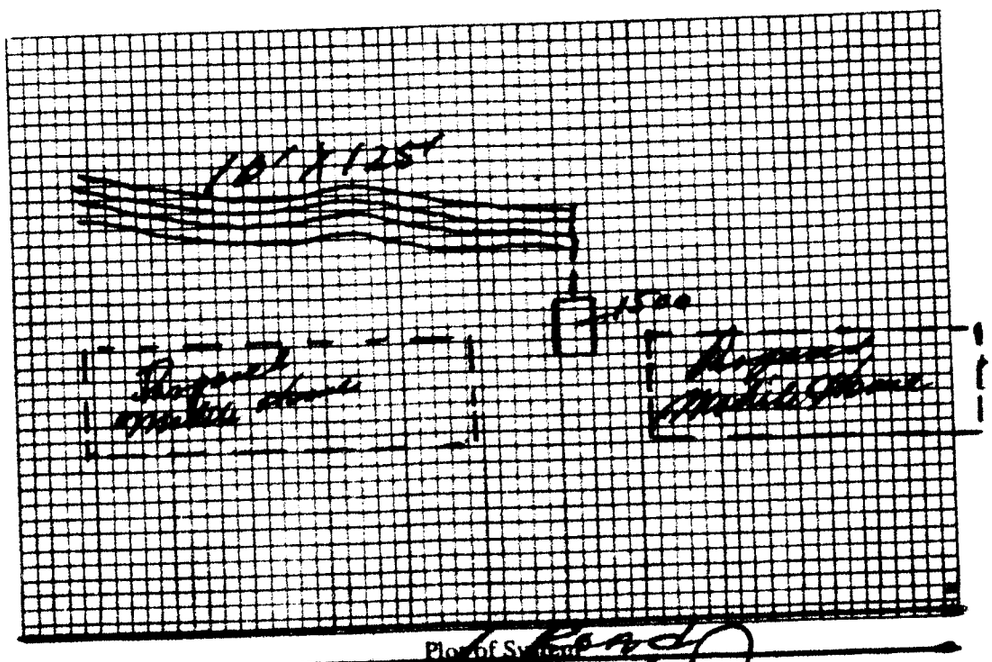
Character & Porosity of Soil Red Red Clay

Percolation Rate _____

Topography Slope to back

Depth to Water Table wet

Rock or other impervious formations None



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft 1250 Linear Ft. 500
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by Lucky Bros.

IMPROVEMENTS PERMIT BY Eldean Todd Jr.

COMMENTS: Septic Tank System designed for 2 Mobile Homes

CERTIFICATE OF COMPLETION BY Eldean Todd Jr. DATE 8/19/74

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