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 Henry Summers DATE 8 Nov 74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N to Tobe Cl Rd T.L. go .6 mi - barn on left.

S. R. No. _____

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

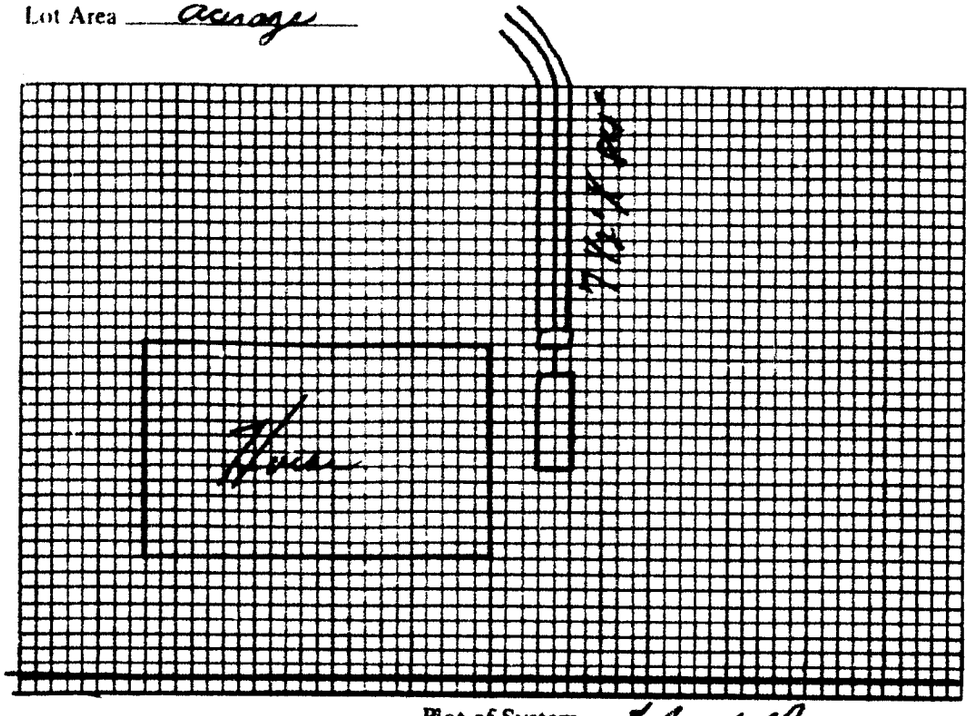
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1

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

Character & Porosity of Soil Clay
Percolation Rate none
Topography Slope to right of house
Depth to Water Table out
Rock or other impervious formations no

Lot Area acreage



Plot of System Tobe Cl. Rd.

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public ( )

no well yet.

Installed by Raymond Helms

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [illegible] DATE 8 Nov 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