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 Cliff Stack DATE 11 oct 76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 21N To Tabor Ch Rd Trailer park on left appx 1/4 mi. last Trailer on Right. S. R. No. _____

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

House ( ) Mobile Home (✓) Business ( ) Other 2 Trailers on 1 syster

No. Bedrooms 3 No. Bathrooms 1

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

Lot Area _____

Character & Porosity of Soil Sand Clay

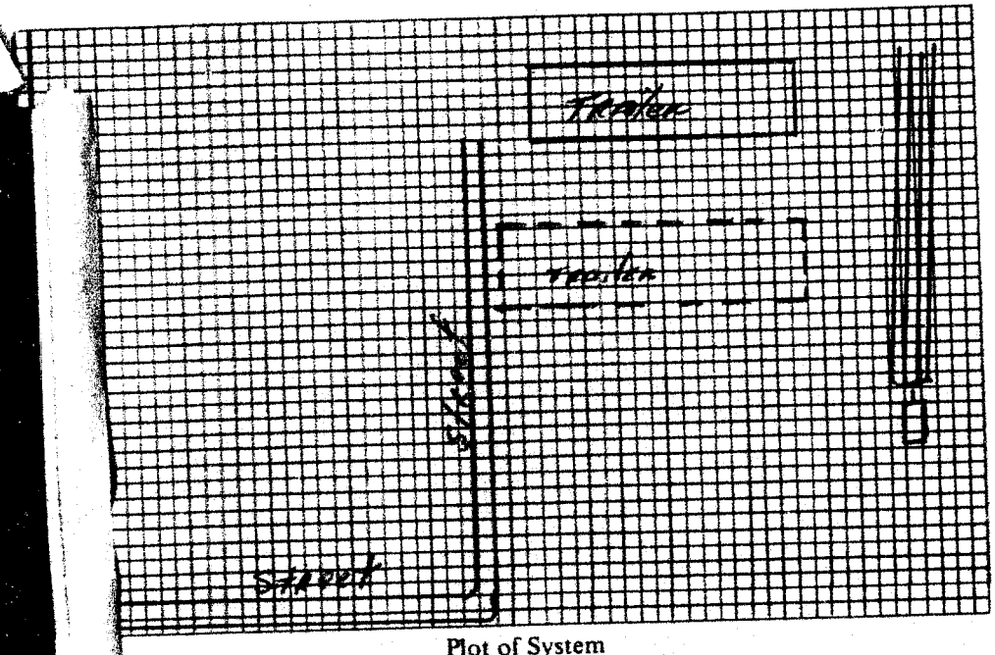
Percolation Rate none

Topography 2-6 % Slope

Depth to Water Table ok

Rock or other impervious formations ok

(Existing syster)



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1000 Linear Ft. 400
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

community water supply

Installed by _____

VEMENTS PERMIT BY _____

NTS: Existing syster has functioned properly in past and is
urently functioning properly - If syster gives trouble, it must
repaired to specifications of the Iredell County Health Dept

ICATE OF COMPLETION BY W M Howard DATE 11 oct 76

ONSTRUCTION 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