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 Betty Anderson Herbert Barnes DATE 3-26-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Highway 70 E. To new Elmwood - 2L on Rd# 2488 Across from Martin Motors Doublewide Mobile Home 2nd Rd S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ 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 ( )	

Character & Porosity of Soil _____

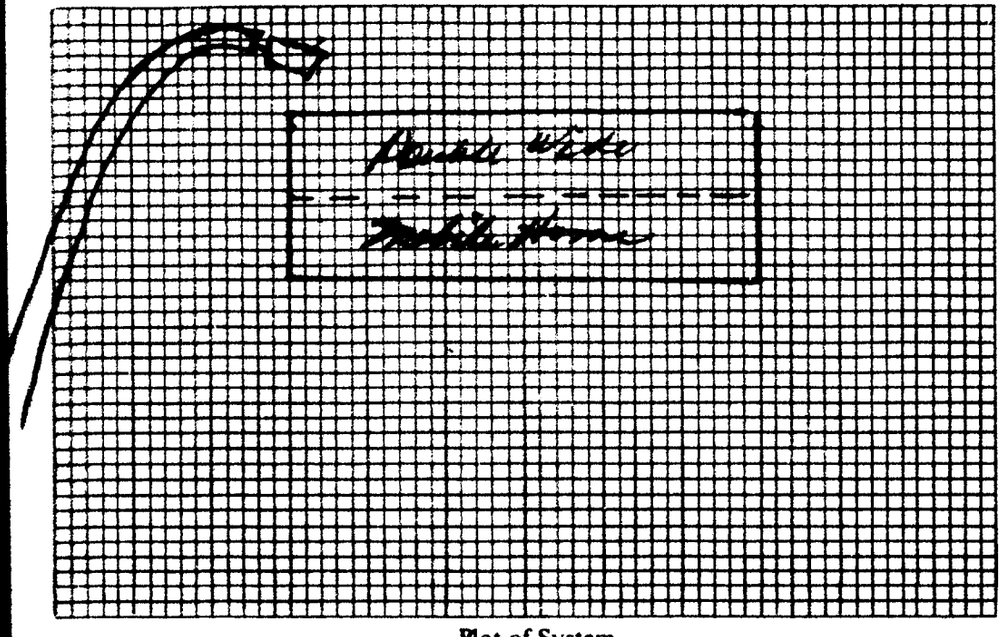
Percolation Rate Existing

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area Double Garage



Plot of System

Existing
Size of Tank _____ Gals.

Nitrification Field System
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Mobile home moved on lot before permit was issued.

CERTIFICATE OF COMPLETION BY _____ DATE 3/26/75

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