# 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 Mr. Daniel Schnell DATE 5-20-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mocksville Rd # 2158 on Left before New Hope Bapt. Ch. S. R. No. _____

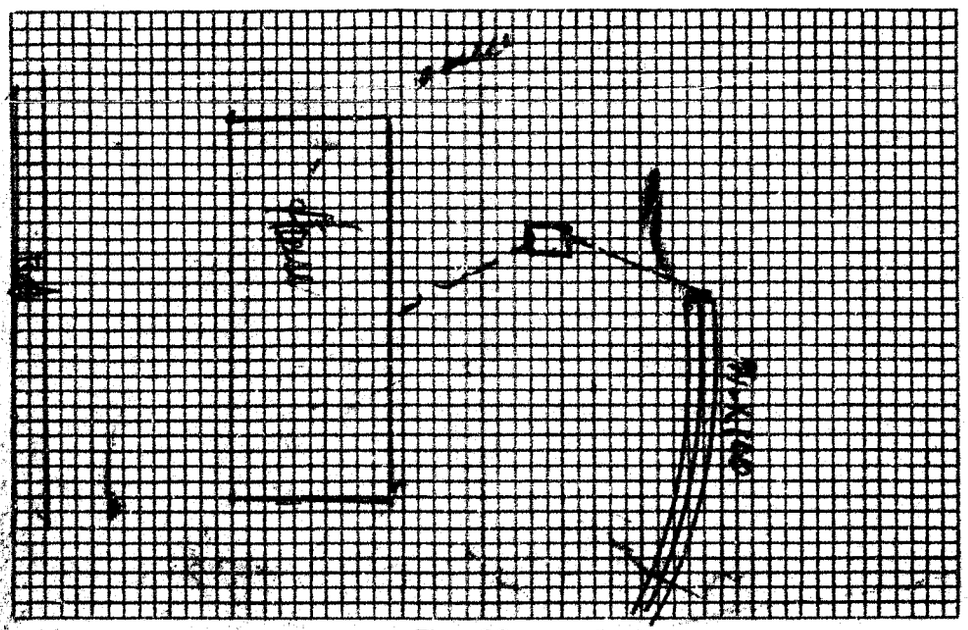
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

| | | | | | |
|---|---|---|---|---|---|
| Garbage Disposal Unit | Yes (✓) | No ( ) | Character & Porosity of Soil | Red Clay | |
| Auto. Dishwasher | Yes (✓) | No ( ) | Percolation Rate | Super | |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | Slope to back | |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | | |
| | | | Rock or other impervious formations | Rocky at one spot | |

Lot Area _____



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 300
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by Raymond Klutz

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 7-10-75

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