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~~ Willie Clements DATE 1-23-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64 E., Lestan Old Mocksville Rd # 2158, go to 901 E. turn Rt., 2nd Rd on left, 1st house on left (Jim Walker home) S. R. No. _____

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

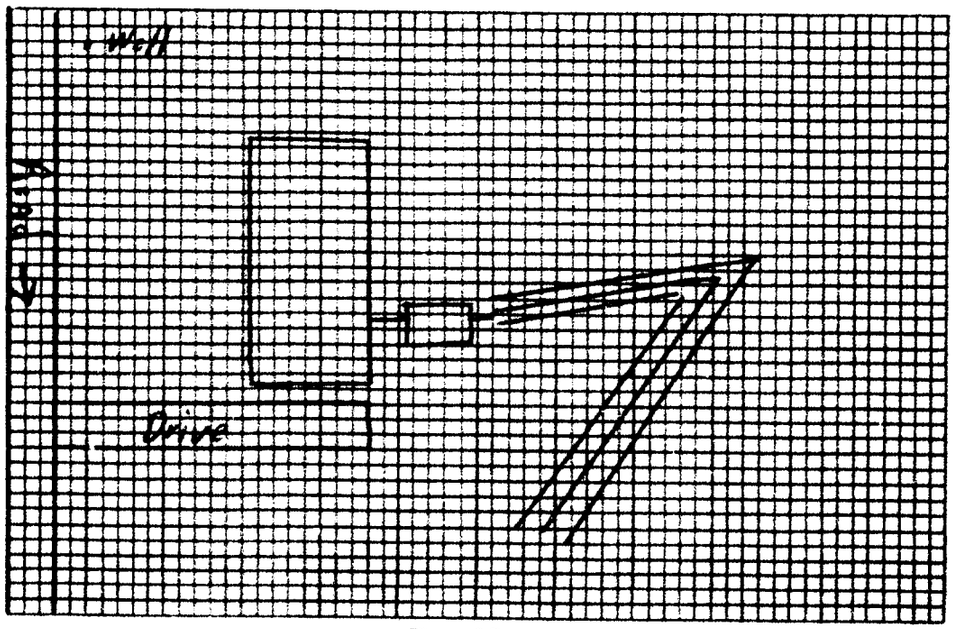
House (✓) Mobile Home ( ) Business ( ) Other _____

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 Red Clay
Percolation Rate —
Topography Slope to back
Depth to Water Table —
Rock or other impervious formations None

Lot Area _____



Plot of System

Size of Tank _____ Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 562.5 Linear Ft. 225
Depth of Stone in Lines 1
Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew E. Conway DATE 1/24/74

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