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 Dewey M. Thurston DATE 7/16/76 PERMIT NO. _____

PHONE: Business _____ Home _____

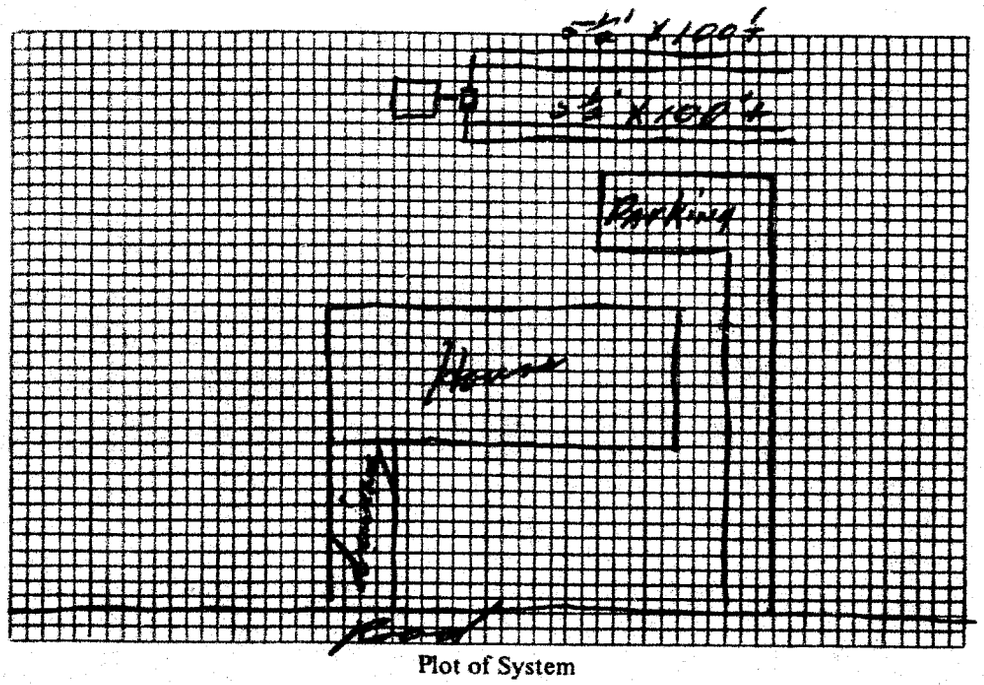
LOCATION Hwy 115N past Central Cross. to Rd # 1898 on Rt., go approx 1 mi & house on left S. R. No. _____

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

House (✓) Mobile Home ( ) Business ( ) Other Beauty Shop

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Sandy Clay	
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	none	
Auto. Wash. Machine	Yes ( )	No ( )	Topography	6-10%	
Site Suitable	Yes ( )	No ( )	Depth to Water Table	unk	
Lot Area _____			Rock or other impervious formations	unk	



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 ( )

Installed by Owner Operated

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew E. Carey Bradley R. Hendrix DATE 7/16/76

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