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 [redacted] John Estes DATE 10-7-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Jennings Rd. N. T.L. on Friendship Ch. Rd (#1896) beside 2nd house on left past Friendship Ch. S. R. No. _____

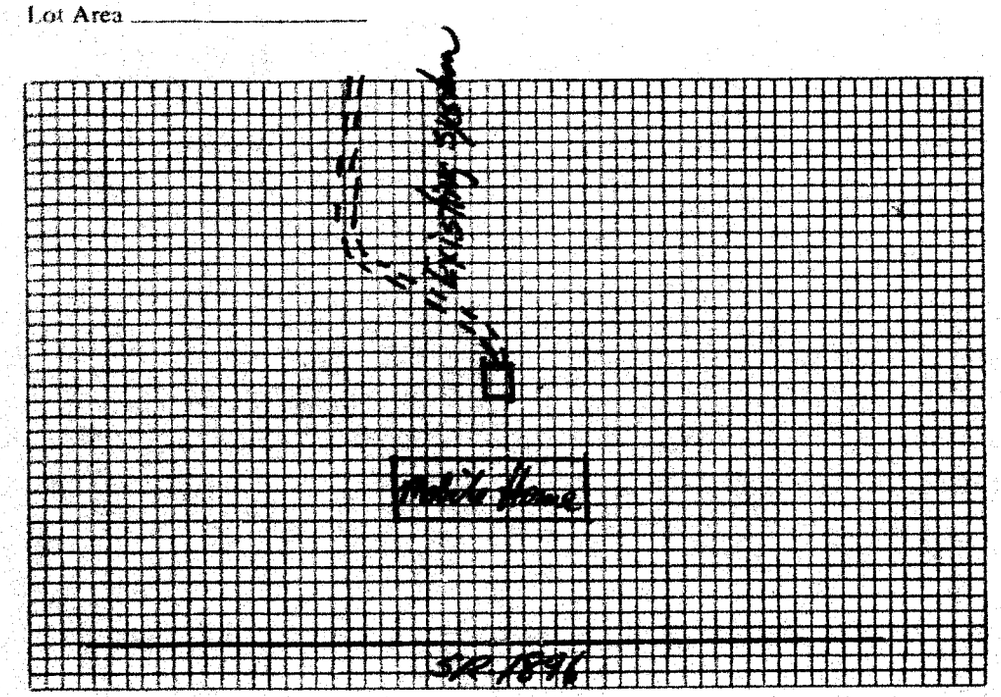
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Cecil clay loam
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	—
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2%
Site Suitable	Yes ( )	No ( )	Depth to Water Table	unk
			Rock or other impervious formations	unk.

Lot Area _____



Plot of System

Size of Tank existing Gals.
Nitrification Field:
No. of Lines existing
Sq. Ft. _____ Lineal Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Inspection of existing system revealed no malfunction at present time.

CERTIFICATE OF COMPLETION BY David R. Hinson DATE _____

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