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 FRANK HOLLAND DATE 11-2-'73 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION OLIN - TURN RT. ON Rd# 1887 - 2ND HOUSE ON RT.

S. R. No. 1887

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

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area AVERAGE

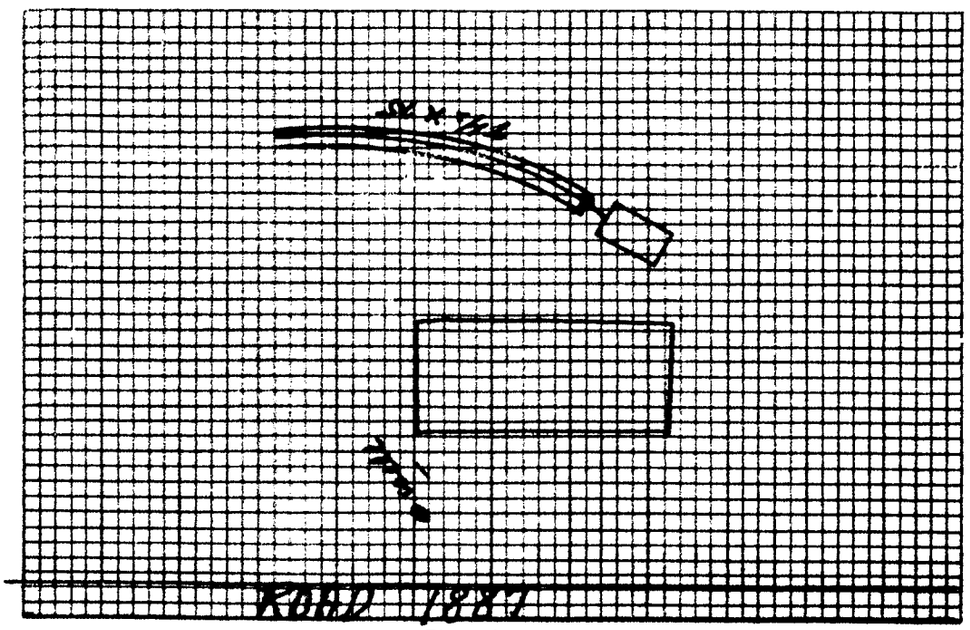
Character & Porosity of Soil WET

Percolation Rate WET

Topography SLIGHT SLOPE TO ROAD

Depth to Water Table WET

Rock or other impervious formations _____



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 562½ Linear Ft. 225

Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Installed by Raymond Adams
Hiddenite, NC.

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 11-2-'7

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