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 Jerry Dellinger DATE 1-31-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-40 W, T.L. on Sharon School Rd, go to 1006 & T.L., house on left about ¼ mile S. R. No. _____

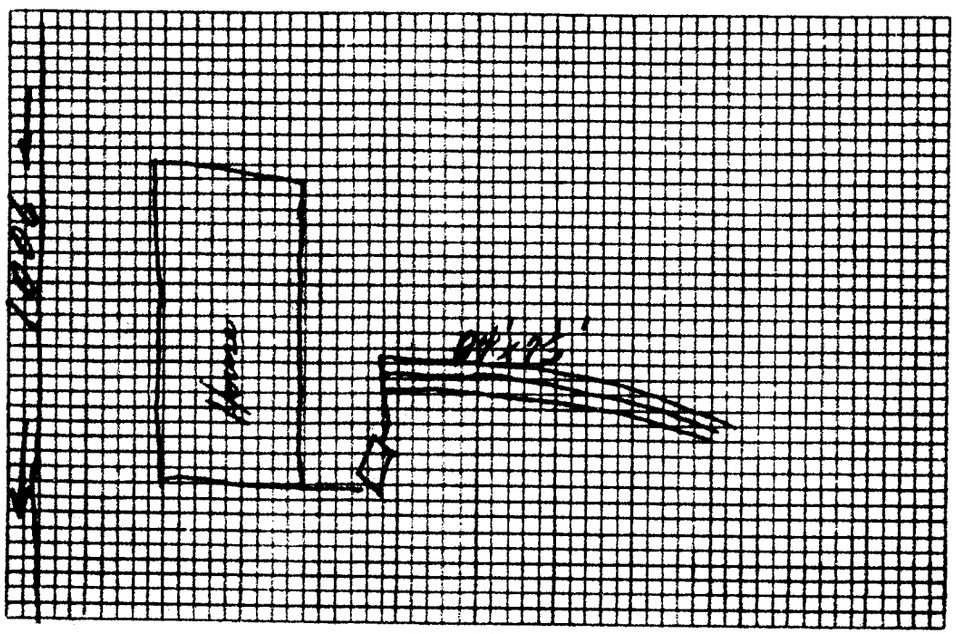
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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	none
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Slope to Rear
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	unk
			Rock or other impervious formations	none observed

Lot Area acreage



Plot of System

Size of Tank Unsure Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 675 Linear Ft. 250
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Check tank for "T", and have tank pumped

CERTIFICATE OF COMPLETION BY Andrew Causey DATE 1-31-75

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