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 Sharon School DATE 5-14-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

S. R. No. _____

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

House ( ) Mobile Home ( ) Business ( ) Other School

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area _____

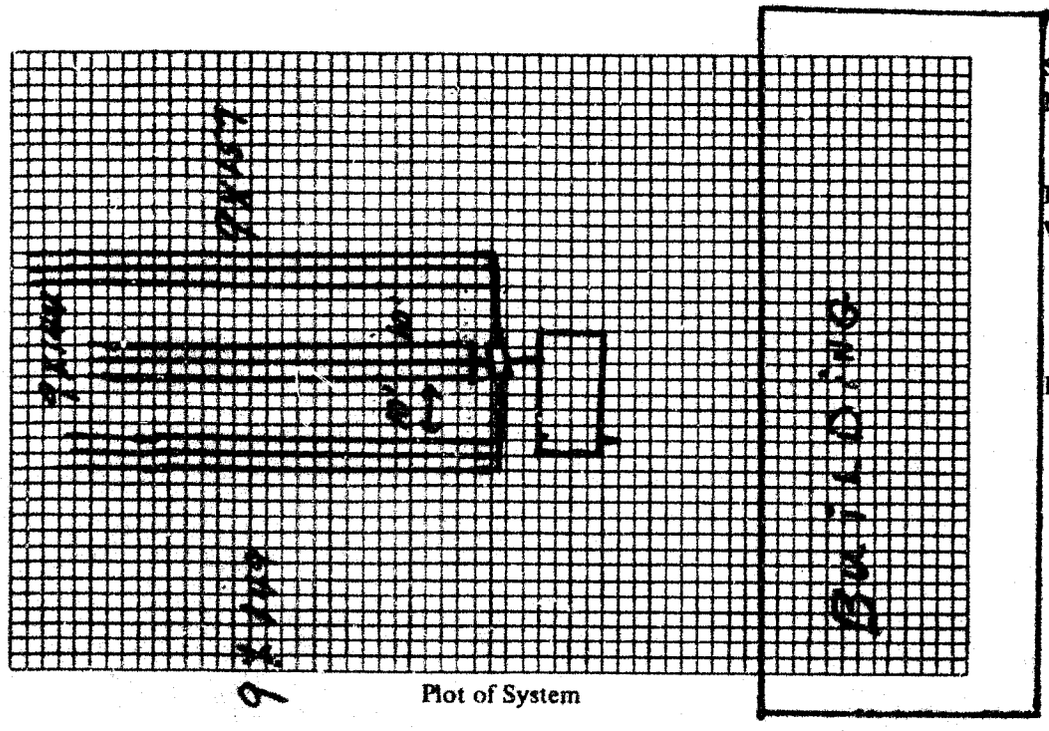
Character & Porosity of Soil Cecil Clay

Percolation Rate 1" Per 60 Min.

Topography Slight Slope

Depth to Water Table Low

Rock or other impervious formations None



Plot of System

Existing

Size of Tank 4000 Gals.

Nitrification Field:

No. of Lines As Shown

Sq. Ft. 4050 Linear Ft. 1350

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by Iredell County

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY C. A. Stevenson DATE 5-14-75

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