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 Robert & Ann Clark DATE 6-12-15 PERMIT NO. 138

PHONE: Business _____ Home _____

LOCATION 1100 TL on 1112, 1st Lot To Left in Shannon Woods S. R. No. _____

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

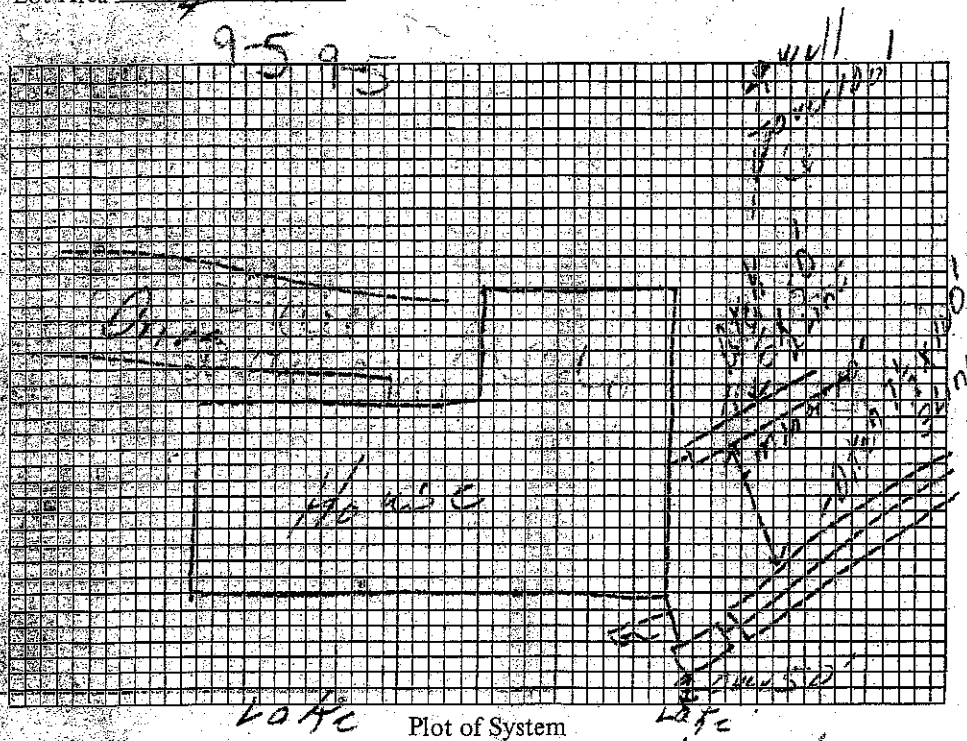
House (4) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes (4) No ( )
Auto. Dishwasher Yes (4) No ( )
Auto. Wash. Machine Yes (4) No ( )
Site Suitable Yes (4) No ( )

Lot Area 2½ acre

Character & Porosity of Soil Clay loam Forest
Percolation Rate Not Taken
Topography 2-2% Slope
Depth to Water Table 6' to 8'
Rock or other impervious formations None



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. ~~250~~ Linear Ft. 300
Depth of Stone in Lines 10
Water Supply: Individual (4)
Public ( )
100' Washing Machine Line

Installed by _____

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: Put lines were on level Plane To have Equal Cover.

CERTIFICATE OF COMPLETION BY _____ 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