CABARRUS 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 _____ DATE 12-5-__ PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____ JUST PAST _____ S. R. No. _____

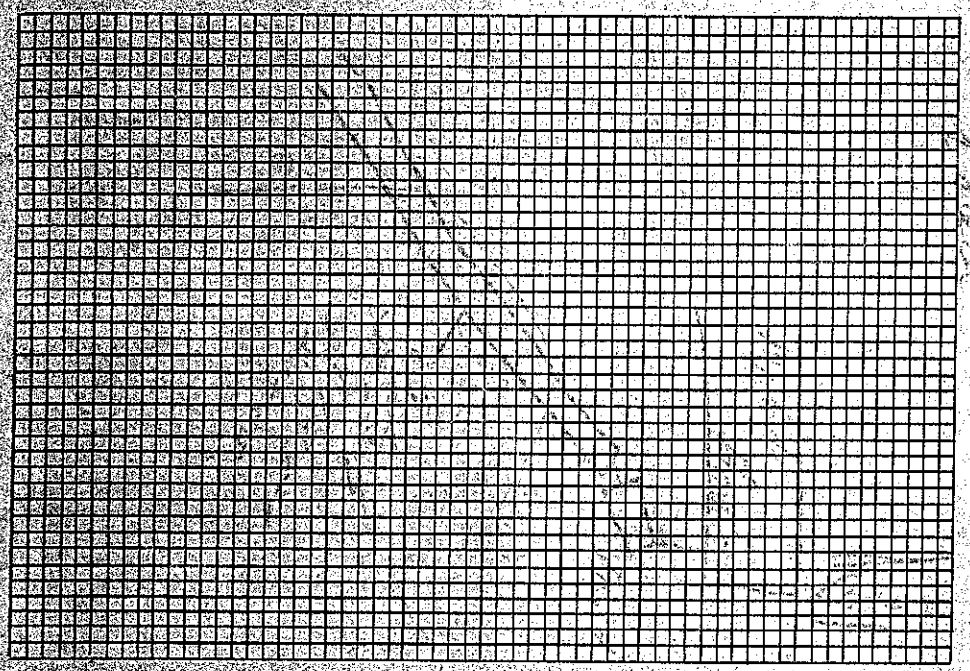
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1

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

Lot Area _____



Plot of System

Size of Tank _____ Gals.

Nitrification Field

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual (✓)

Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 12-5-__

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