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 James E. Chapman DATE 7-28-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 64-70 T.R. at Shady Rest Mobile Home Park on Rd 1507 - Trailer on R. S. R. No. _____

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 2 Acres

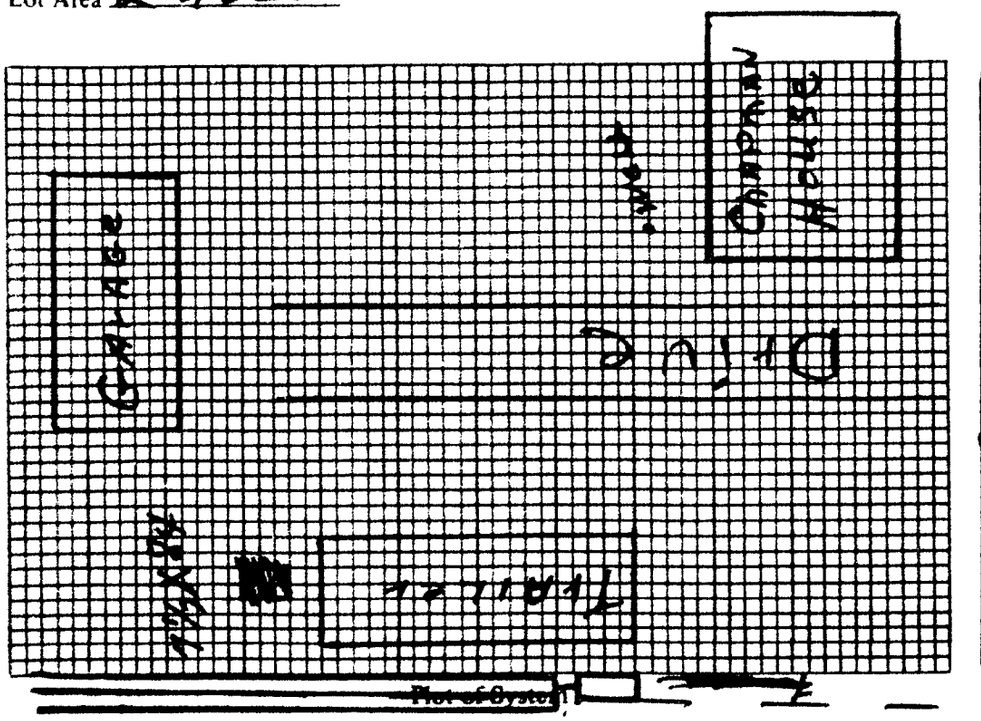
Character & Porosity of Soil Cecil Clay

Percolation Rate _____

Topography Level

Depth to Water Table Low

Rock or other impervious formations None



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by Alexander Septic Tank Co

IMPROVEMENTS PERMIT BY Jones

COMMENTS: _____

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 7-28-75

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