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 Sherrill Lumber Co. DATE 10-25-24 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 40 W., Rt on Old Mt. Rd, Rt on Rd #1624, 2nd house on left

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1½

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

Lot Area 112 x 190 approx

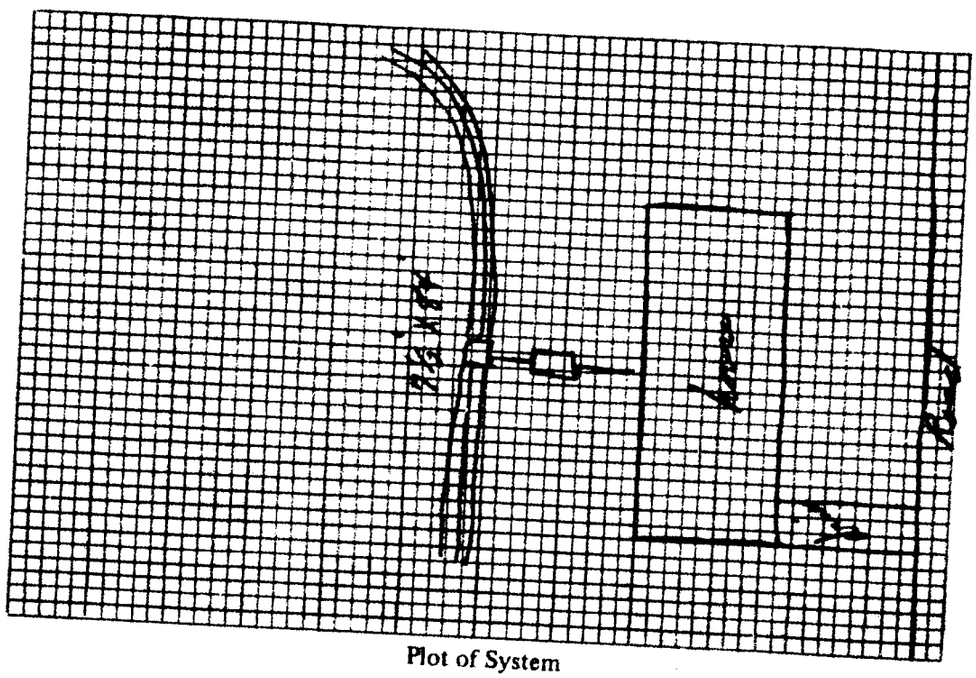
Character & Porosity of Soil Red Clay

Percolation Rate mod

Topography Slope to front

Depth to Water Table mod

Rock or other impervious formations none observed



Plot of System

Size of Tank 1,000 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 Raymond Adam

IMPROVEMENTS PERMIT BY _____

COMMENTS: Lines of system had tobe installed deeper than normal due to lay of land.

CERTIFICATE OF COMPLETION BY [redacted] Andrew Causey DATE 10-25-24

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