## 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 Pat Johnson DATE 4-23-24 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 90 N., Liggard Rd

S. R. No. _____

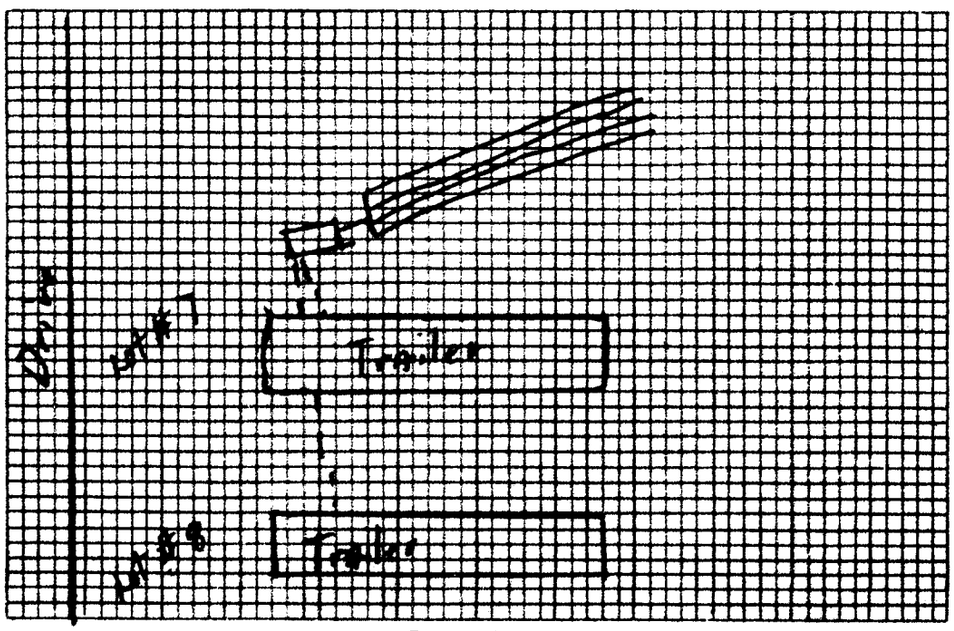
SUBDIVISION NAME Roseman's Trailer Park LOT NO. #6 SECTION OR BLOCK NO. _____

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

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

Character & Porosity of Soil Red Clay
Percolation Rate _____
Topography Slope to rear
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area _____




Plot of System

Trailer Park existing

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 Andrew Causey DATE 4-23-24

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