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 David Young DATE 2-19-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Spring Shores

House on L. across from well S. R. No. _____

SUBDIVISION NAME Spring Shores LOT NO. 38 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 ( )

Lot Area _____

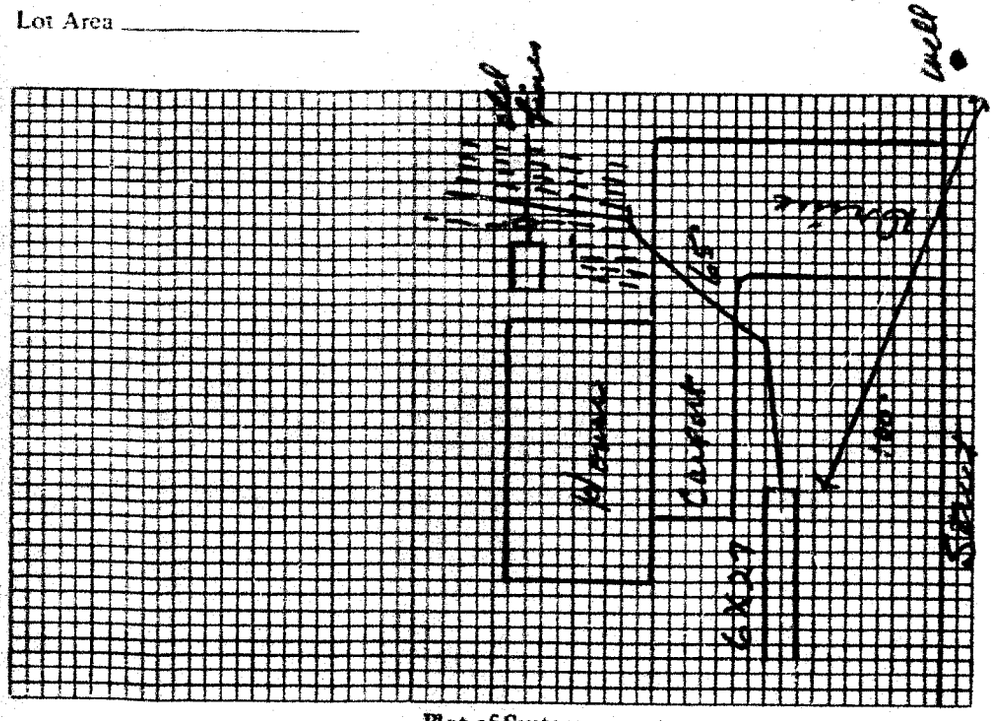
Character & Porosity of Soil _____

Percolation Rate _____

Topography _____

Depth to Water Table Repair

Rock or other impervious formations _____



Plot of System

Size of Tank Repair Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 162 Linear Ft. 54

Depth of Stone in Lines 7 feet +

Water Supply: Individual ( )

Public (+)

Installed by Henry Sigmon

57 Ton Stone Used

IMPROVEMENTS PERMIT BY _____

COMMENTS: Good soil found in ditch. P.V.C. Plastic pipe used under Driveway for Original system Put in 10/15/71

CERTIFICATE OF COMPLETION BY E. G. Stevenson DATE 2-19-77

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