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 Herman Gibson DATE 6 of 75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 115 N. to Rt # 1555 - Cor Trinity Fire Dept. to 2nd Driveway on right - Trailer off rd S. R. No. _____

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

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

No. Bedrooms 2 No. Bathrooms 1½

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

Lot Area average

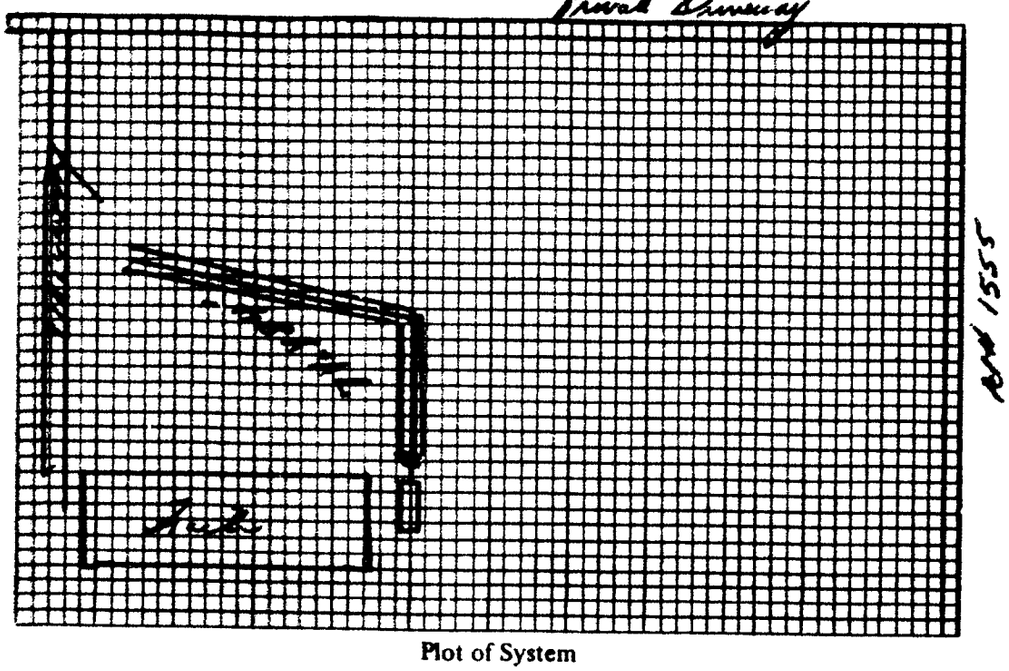
Character & Porosity of Soil Red Clay

Percolation Rate none

Topography Slope to front of mobile home

Depth to Water Table _____

Rock or other impervious formations ledge



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 621 Linear Ft. 250

Depth of Stone in Lines 10"

Water Supply: Individual ( )

Public ( )

well across driveway

Installed by Herman Gibson

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY John Edwards DATE 6 of 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