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 W. L. Shaver DATE 7/18/79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION U.S. 21 South, on left past Lindell Memorial Park

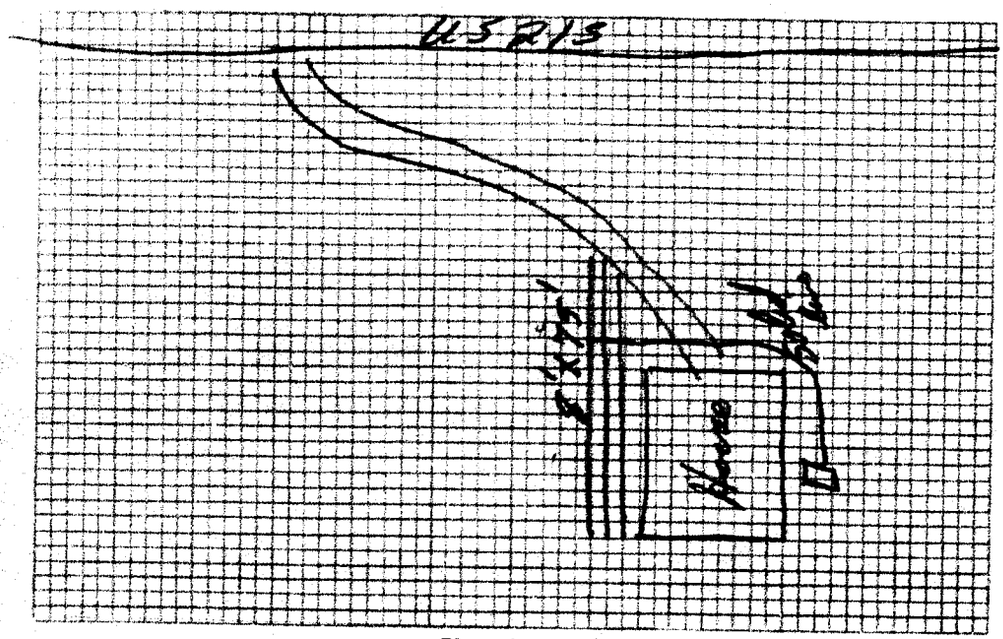
S. R. No. _____

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

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

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 Cecil Clay & parent mat
Percolation Rate 80 min/inch
Topography 2 to 6%
Depth to Water Table 10'+
Rock or other impervious formations none



Plot of System

Size of Tank existing Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 600 Linear Ft. 725
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public ( )

Installed by Henry Sigmon (Roofer)

IMPROVEMENTS PERMIT BY J.C Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew E. Lewis DATE 7/18/79

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