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 Clay Sherrill DATE 10-6-75 PERMIT NO. _____

PHONE: Business _____ Home _____

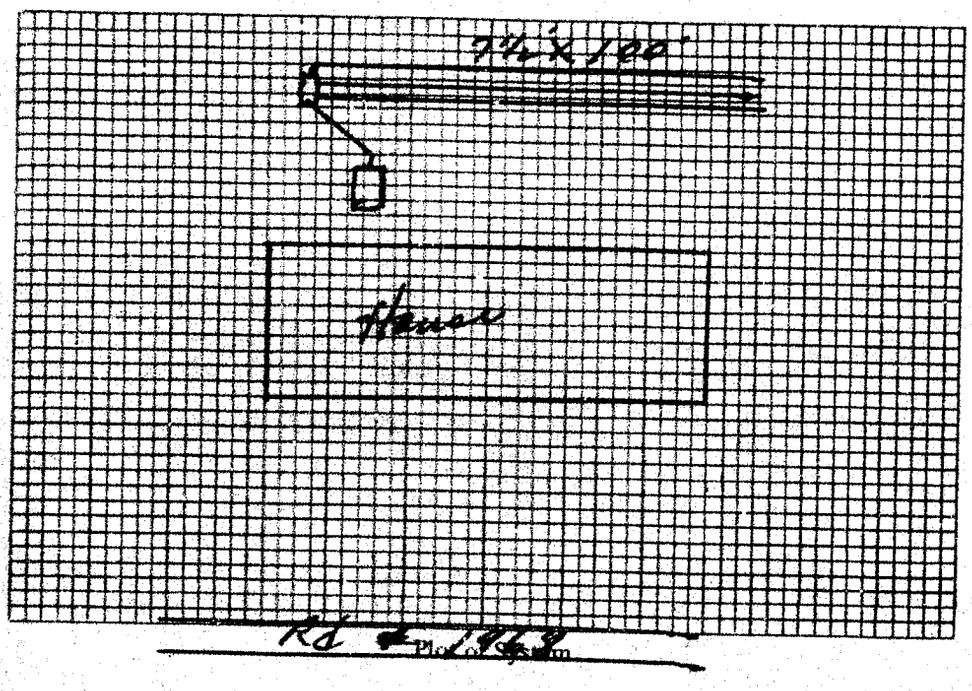
LOCATION Chipley Ford Rd. TR on Rd # 1926 - TL on Rd # 1968 on R & end of Rd. _____ S. R. No. _____

SUBDIVISION NAME Clearview Acres LOT NO. 1-2-3 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Red Clay
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	Limit
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Slopes to back
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	unk
Lot Area Average			Rock or other impervious formations	None



Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 250 Linear Ft. 300

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by Hicks Septic Tank Serv.

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steven Ford Jr. DATE 10/6/75

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