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 Richard Sullivan DATE 12-9-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 2.5 Mi. To on Amity Hill Rd NW Corner Amity Hill Rd and Kimball St. S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 1

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

Lot Area _____

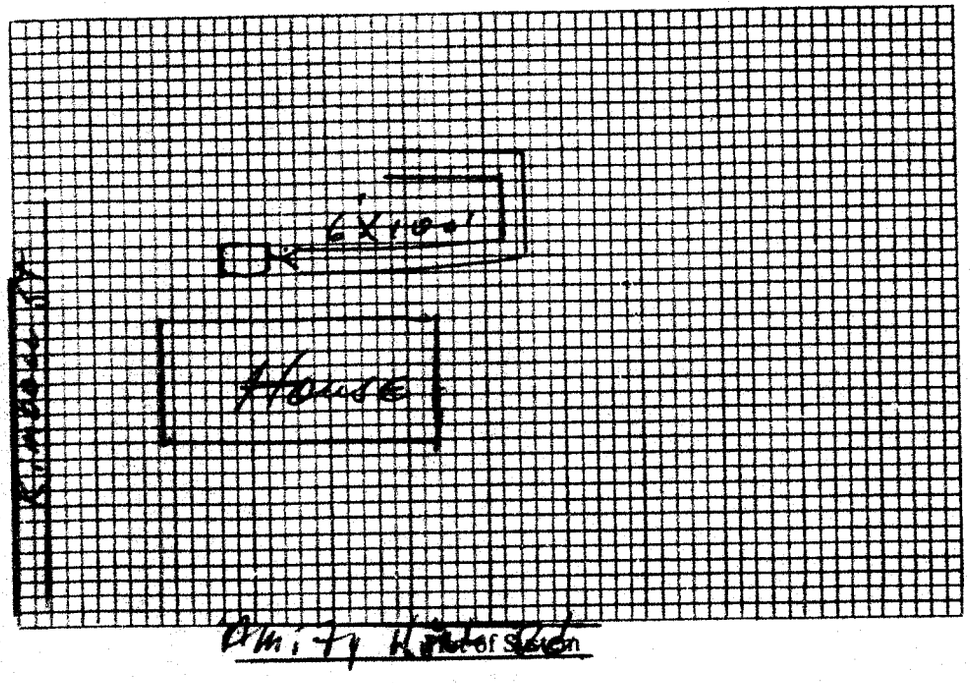
Character & Porosity of Soil C FBr

Percolation Rate Good

Topography 2 - 6% Slope

Depth to Water Table Unk

Rock or other impervious formations None



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 16"

Water Supply: Individual ( )
Public (✓)

Installed by Darrell Lackey

Jo Sanit. Dept.
City of Statesville

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 12/9/77

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