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 *Lowan Building Co.* DATE *18 Aug 75* PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION *21N to Shumaker Dr. (1922) ... to RD#1924 on left. 2nd house on right behind water tank.* S. R. No. ____

SUBDIVISION NAME *Ardell Heights* LOT NO. *#38* SECTION OR BLOCK NO. ____

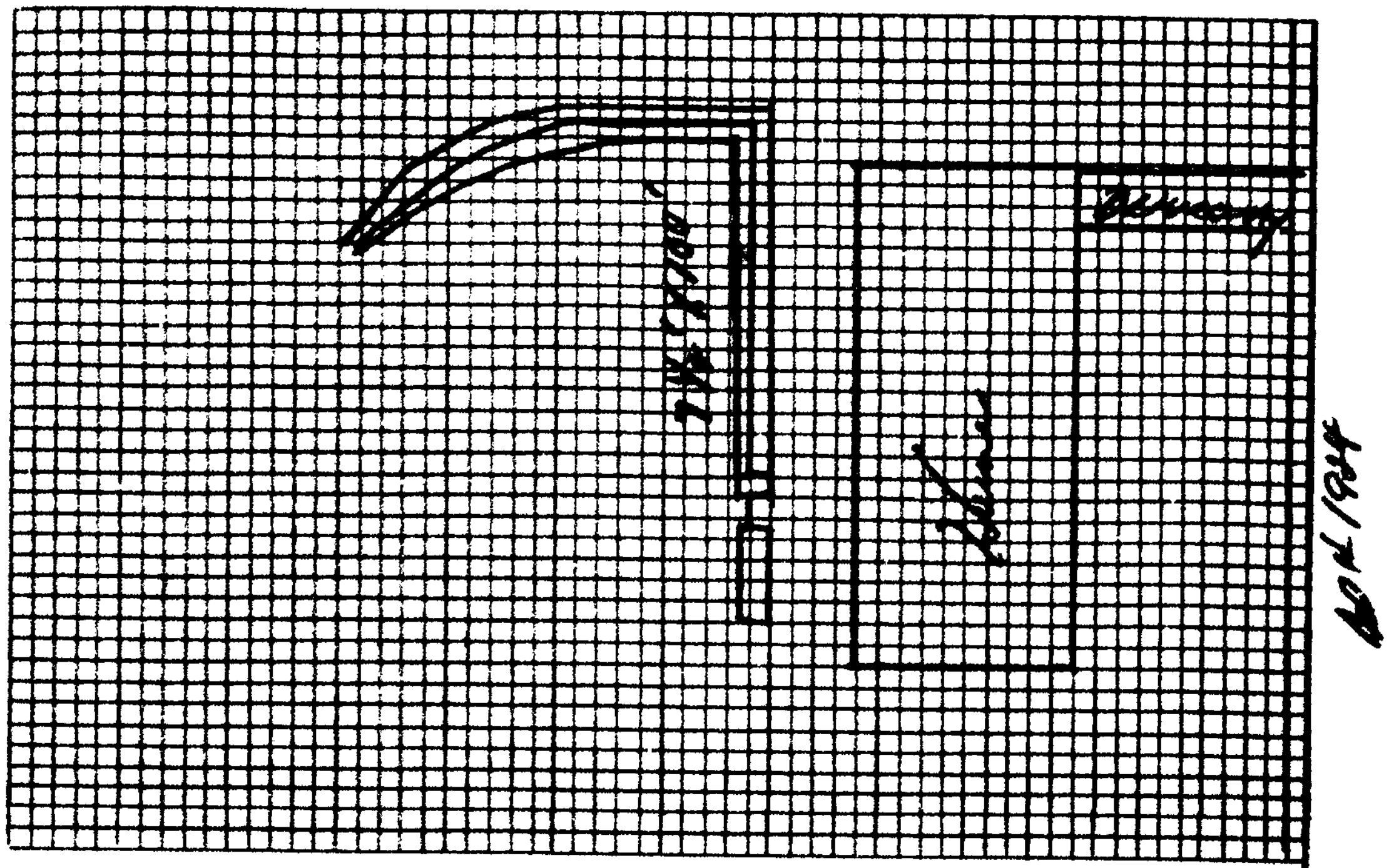
House (✓) Mobile Home ( ) Business ( ) Other ____

No. Bedrooms *3* No. Bathrooms *1½*

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

Lot Area *30,000 sq ft*

Character & Porosity of Soil *Sand Clay*
Percolation Rate *none*
Topography *Slopes to rear of house*
Depth to Water Table *ok*
Rock or other impervious formations *✓*



Plot of System

Size of Tank *1000* Gals.
Nitrification Field:
No. of Lines *3*
Sq. Ft. *750* Linear Ft. *300*
Depth of Stone in Lines *10" plus*
Water Supply: Individual ( )
Public (✓)

Installed by *Herman Silver*

IMPROVEMENTS PERMIT BY *[illegible]*

COMMENTS: ____

CERTIFICATE OF COMPLETION BY *[illegible]* DATE *18 Aug 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