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 Roger Sharpe DATE 8-23-78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N - TL on SR #1892 (Jenning Rd) TL on SR #1896 (Friendship Ch-Rd) TL into private Rd before creek (off Rd 550 ft.) S. R. No. _____

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

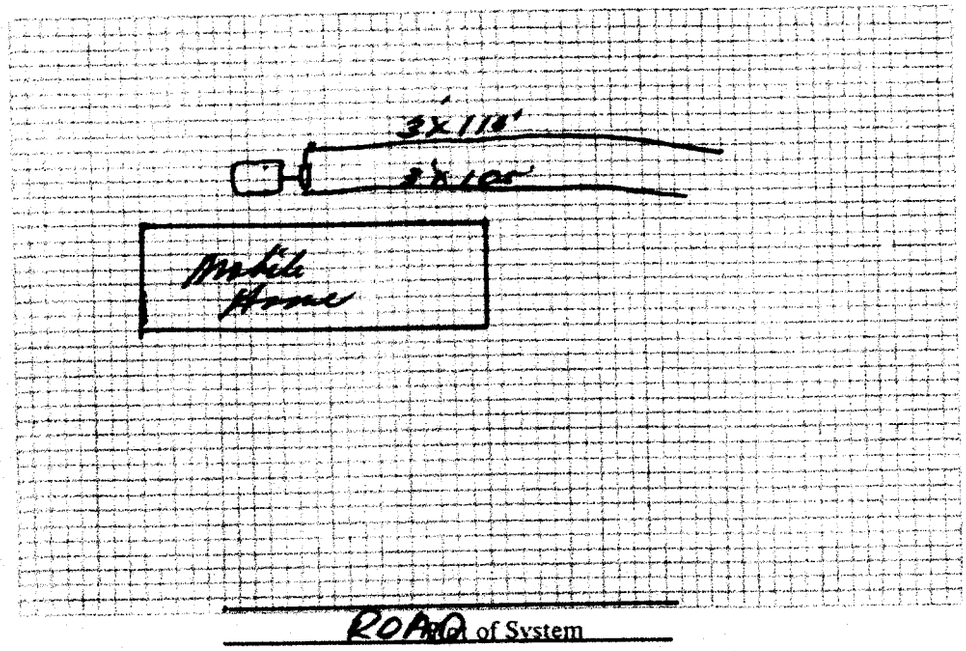
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

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

Lot Area 1.44

Character & Porosity of Soil Loam
Percolation Rate Good
Topography 6-10% Slope
Depth to Water Table over
Rock or other impervious formations Some Rock



ROAD

Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 215
Depth of Stone in Lines 13"
Water Supply: Individual (✓)
Public ( )

Installed by Omar Alexander

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 8/23/78

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