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 Mr Ray Shumaker DATE 5/6/24 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 76 E. to Ora Rd 2355 - 2nd Road past Hoffs Intersection After Curve 2nd House on Rt. S. R. No. 2355

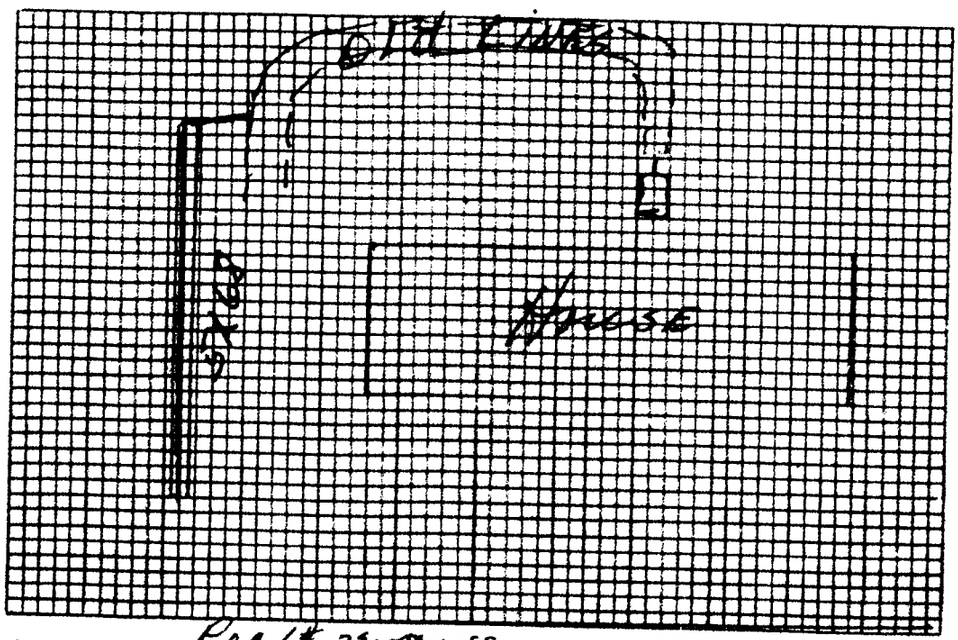
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms _____

Garbage Disposal Unit	N/A	Yes ( )	No ( )	Character & Porosity of Soil Repair
Auto. Dishwasher		Yes ( )	No ( )	Percolation Rate
Auto. Wash. Machine		Yes ( )	No ( )	Topography
Site Suitable		Yes ( )	No ( )	Depth to Water Table
				Rock or other impervious formations

Lot Area _____



Road # 2355 Plot of System

Size of Tank EXISTING SYSTEM Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 360 Linear Ft. 146
Depth of Stone in Lines 10"

Water Supply: Individual ( )
Public ( )

Installed by Laurence Russom

IMPROVEMENTS PERMIT BY _____

COMMENTS: Raised in Nitrification field before covered

CERTIFICATE OF COMPLETION BY Steven Todd DATE 5/6/24

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