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 Carl Laib DATE 8-2-78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 2600 Shearer Rd

S. R. No. _____

SUBDIVISION NAME Mitchellair LOT NO. 31 SECTION OR BLOCK NO. _____

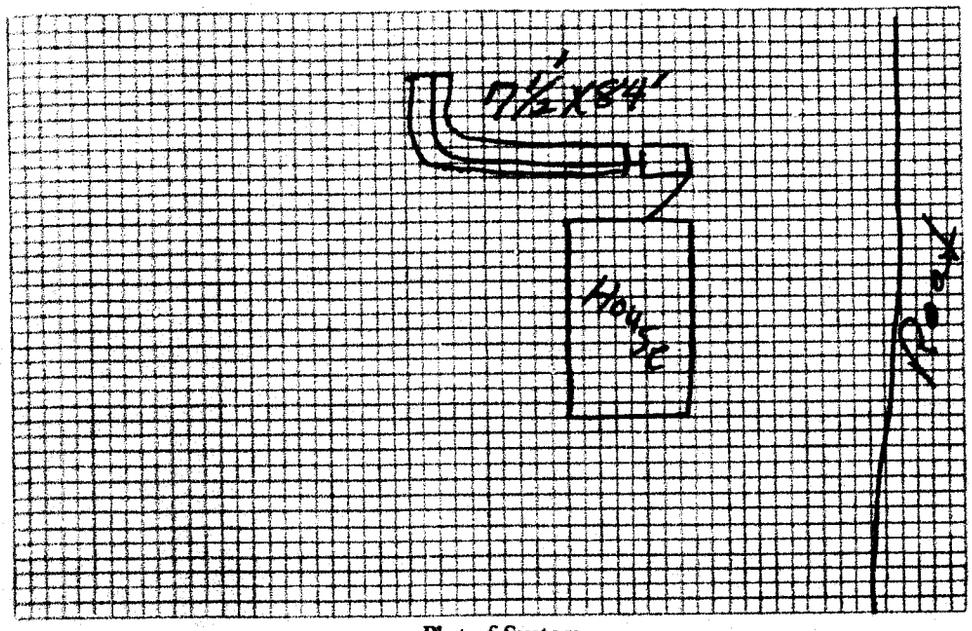
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 3

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

Lot Area 260X150

Character & Porosity of Soil Red Clay
Percolation Rate none
Topography 4% Slope
Depth to Water Table 10'+
Rock or other impervious formations none



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Harlee Jackey
9-29-75

IMPROVEMENTS PERMIT BY _____

COMMENTS: System Was Working properly at time of inspection 8-2-78

CERTIFICATE OF COMPLETION BY D. C. Moore DATE 8-2-78

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