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 Paul Monday DATE 7-21-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Augusta Dr.

S. R. No. _____

SUBDIVISION NAME Shannon Acres LOT NO. 28 SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 3½

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

Lot Area _____

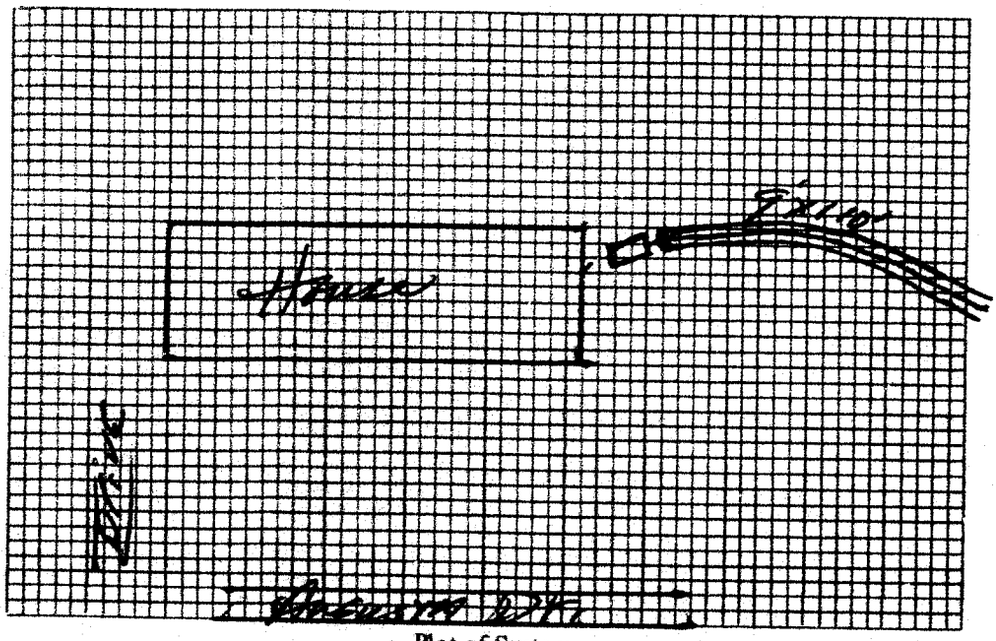
Character & Porosity of Soil CFSL

Percolation Rate SL - Mod. 1" - 10"

Topography 6 - 10 % Slope

Depth to Water Table 4'+

Rock or other impervious formations none



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 990 Linear Ft. 330

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by Hobbs Septic Tank Service

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn T. Hobbs DATE 7/21/77

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