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 Mundy DATE 7-20-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Augusta Dr

S. R. No. _____

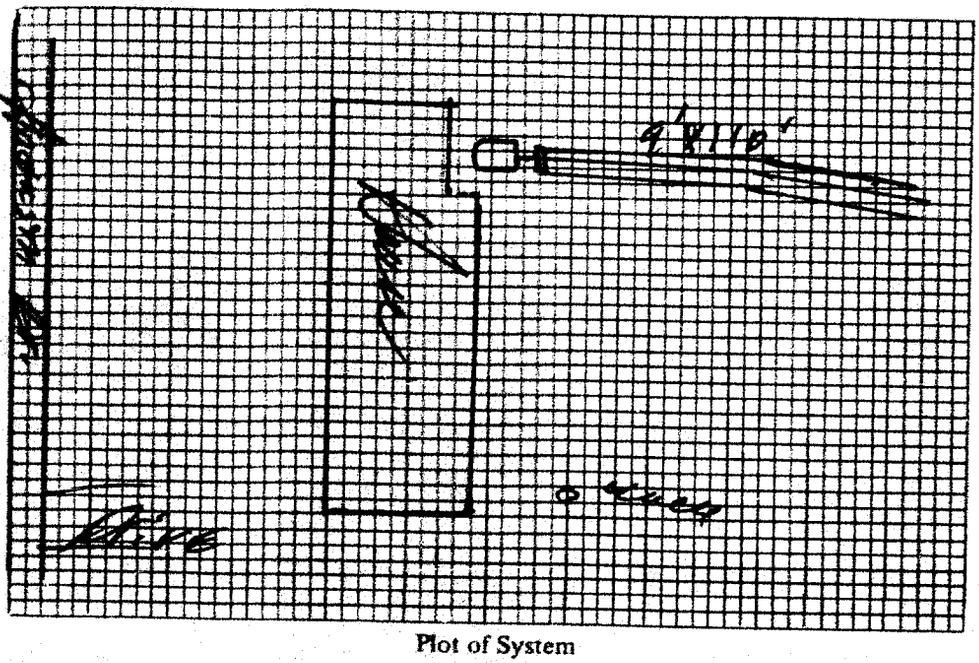
SUBDIVISION NAME Shannon Acres LOT NO. 54 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	CfBc	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	fast	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Gently Sloping	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	Deep	
			Rock or other impervious formations	none	

Lot Area _____



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 490 Linear Ft. 330

Depth of Stone in Lines 18"

Water Supply: Individual (✓)

Public ( )

Installed by Hoke Septic Tank Service

IMPROVEMENTS PERMIT BY _____

COMMENTS: Area bonded because of stock cut and clearing

CERTIFICATE OF COMPLETION BY _____ DATE 7/29/77

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