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 Bob Sanders DATE 2-9-76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 110 Augusta Drive

S. R. No. _____

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

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

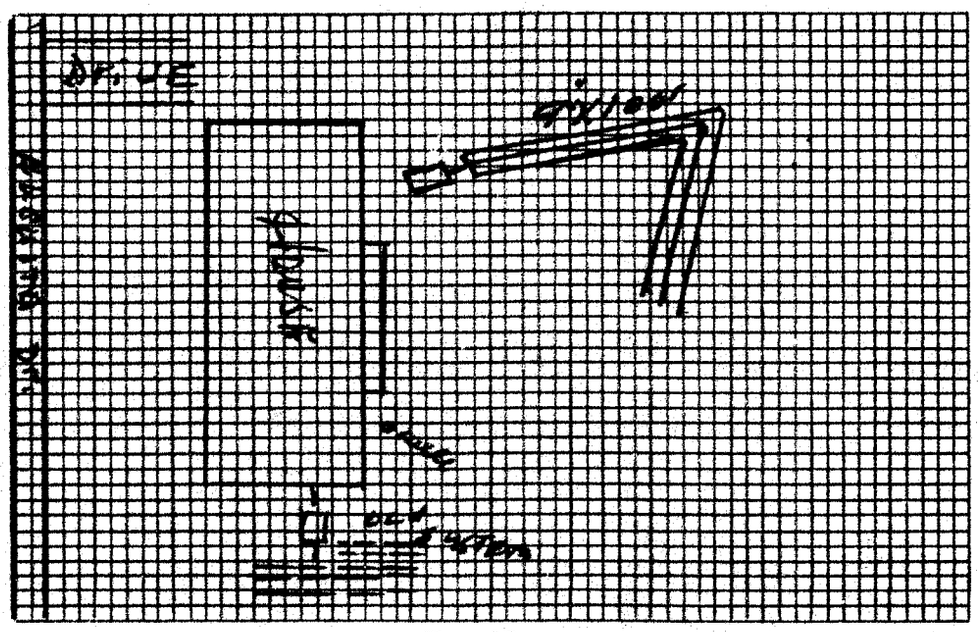
No. Bedrooms _____ No. Bathrooms 1

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

Lot Area _____

Character & Porosity of Soil Cecil Clay
Percolation Rate rock
Topography Slope to back
Depth to Water Table 25"+
Rock or other impervious formations none

Extra System for Upstairs



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 500 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Wm Lytton

IMPROVEMENTS PERMIT BY _____

COMMENTS: Upstairs plumbing in New Septic Tank System – Except 2 Baths

CERTIFICATE OF COMPLETION BY [signature] DATE 2/9/76

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