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 John Gilbert DATE 11-16-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Mearnville Rd

S. R. No. _____

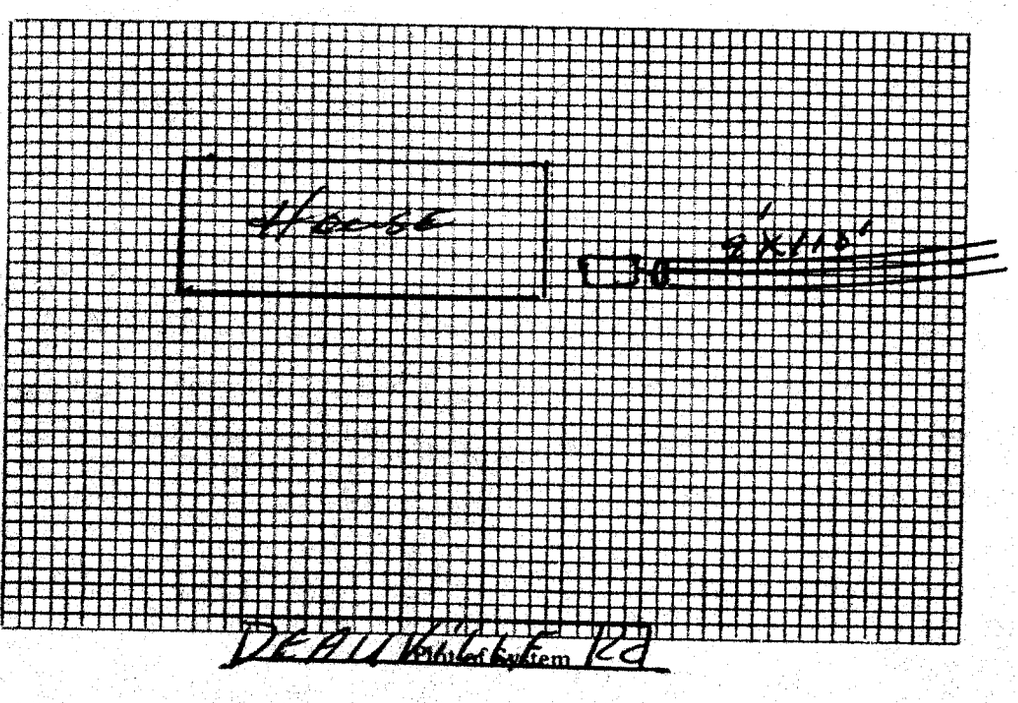
SUBDIVISION NAME Shannon Acres LOT NO 160-161 SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 2

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

Character & Porosity of Soil GJC
Percolation Rate _____
Topography 8-25% Slopes
Depth to Water Table sink
Rock or other impervious formations None



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 Lake Septic Tank Serv.

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 11/18/77

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