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 Mike Bean Billy C. DATE 5-24-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION N. Mud Ck.

S. R. No. _____

SUBDIVISION NAME Shannon Acres LOT NO. 345 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 305 X 120 Approx

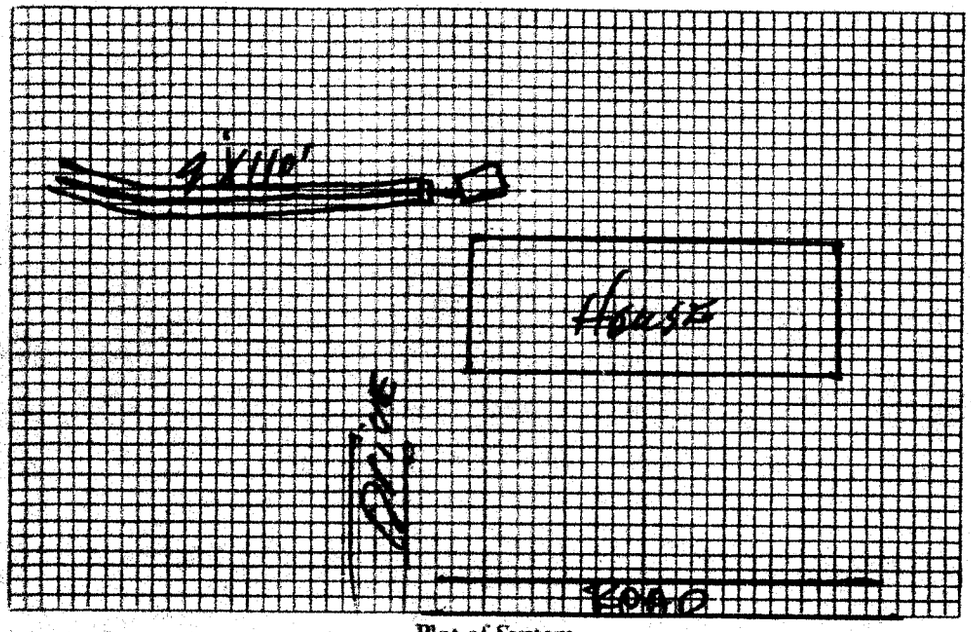
Character & Porosity of Soil Orrell Clay

Percolation Rate 120 min

Topography Slope to Back 6-10%

Depth to Water Table none

Rock or other impervious formations none



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 350

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by Lake Septic Tank Service

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Eileen Fox Jr DATE 5/24/77

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