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 J. M. King DATE 11-15-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION St. Andrews Rd

S. R. No. _____

SUBDIVISION NAME Sherman Acres LOT NO. 281 SECTION OR BLOCK NO. _____

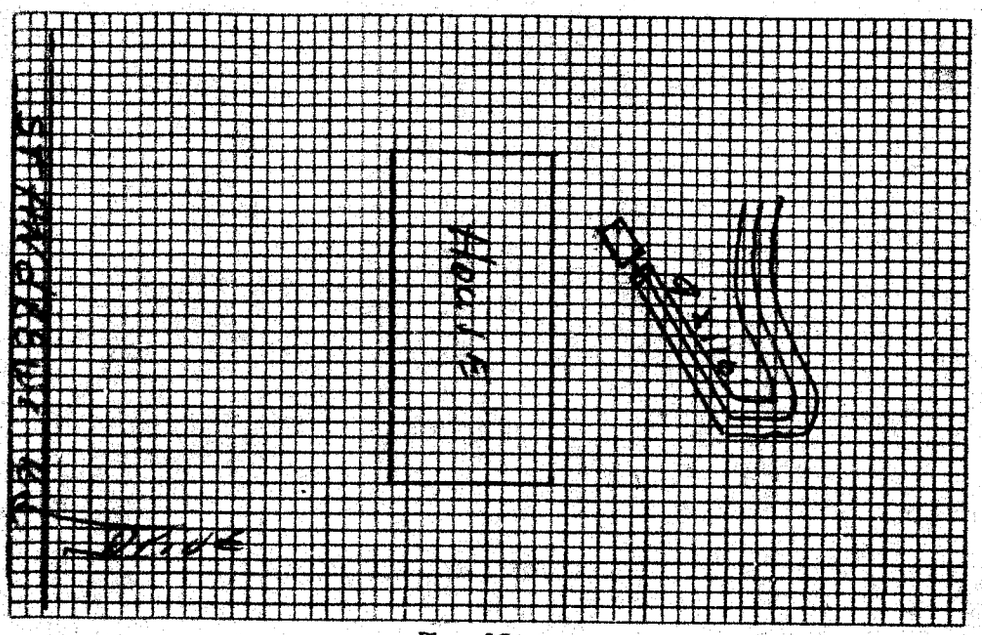
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3

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

Character & Porosity of Soil Clay
Percolation Rate 1" – 120 min
Topography 2-6% Slope
Depth to Water Table None
Rock or other impervious formations None

Lot Area 200 x 002



Plot of System

Size of Tank 1250 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 Hoke Septic Tank Service

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steven Foil Jr. DATE 11/15/77

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