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 Melvin Bass DATE 10-18-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Mt. Cloud Dr.

S. R. No. _____

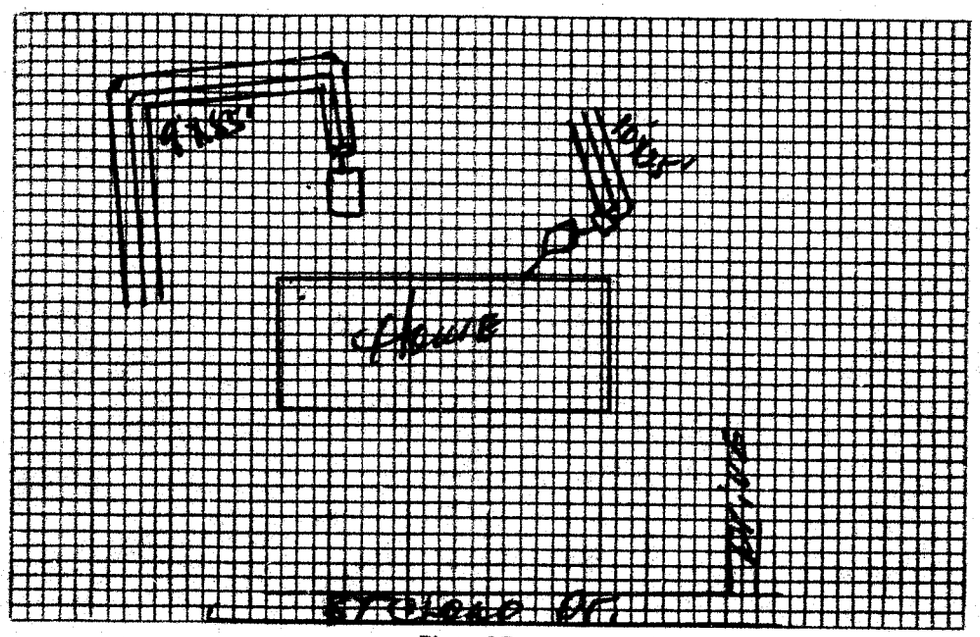
SUBDIVISION NAME Shannon Acres LOT NO. 311 SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 2½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	@ 7 ft +
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	Less Than Med
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	10% Slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	36
			Rock or other impervious formations	none

Lot Area 150 x 291 Appx



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 765 Linear Ft. 255
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Elbie Yount & Son

Basement
Size of Tank 80
No lines 3
Sq Ft. 255 - 75 ft line
Stone 12"

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Fox Dr DATE 10/28/77

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