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 Richard Martin DATE 4-12-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION St Cloud Dr. Shannon Acres

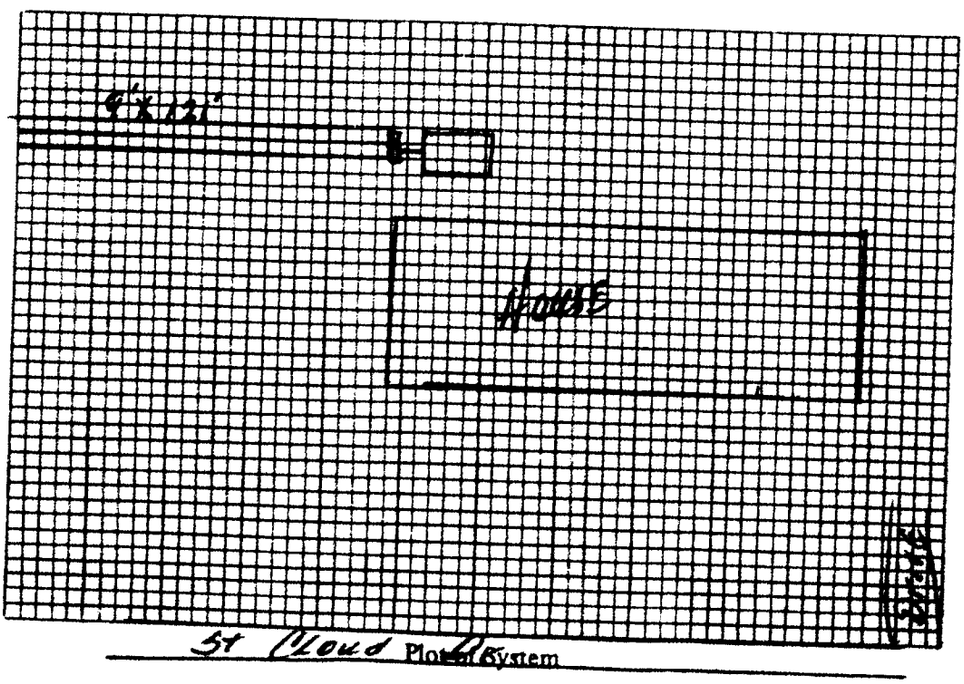
SUBDIVISION NAME Shannon Acres S. R. No. _____

LOT NO. 307-308 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes (—)	No ( )	Character & Porosity of Soil	Yellow Clay
Auto. Dishwasher	Yes (—)	No ( )	Percolation Rate	1" - 60
Auto. Wash. Machine	Yes (—)	No ( )	Topography	Slope to front and Rt. side
Site Suitable	Yes (—)	No ( )	Depth to Water Table	20'
Lot Area 1 Acre			Rock or other impervious formations	—



St Cloud Plotted System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 10"
Water Supply: Individual (X)
Public ( )

Installed by Eddie Young & Son

IMPROVEMENTS PERMIT BY _____

COMMENTS: Nitrification lines deep last half of lines (64')

CERTIFICATE OF COMPLETION BY Shannon Ford DATE 4/12/74

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