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 Bob Shelton DATE 5-1-80 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 X East Statesville on left before Log Cabin Serv. Sta. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. #3 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____ Res. Septic

No. Bedrooms 3 No. Bathrooms 1 1/2

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

Lot Area 100 X 200

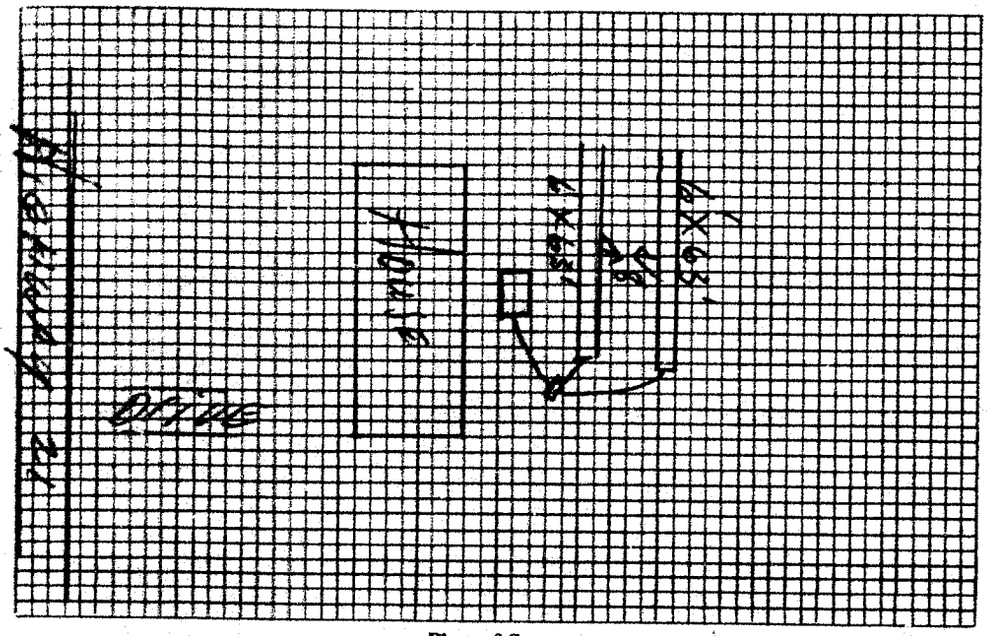
Character & Porosity of Soil CL CB2

Percolation Rate _____

Topography 2-6% slope

Depth to Water Table more

Rock or other impervious formations none



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 756 Linear Ft. 252
Depth of Stone in Lines 16"

Water Supply: Individual ( )
Public (✓)

Installed by Joe Hoggard
Rt. 1 – Box 161A
Mocksville, NC.

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Foster DATE 5/1/80

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