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 2-4-60 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 & Past Statesburg – House on left after Crossing Dutchmans Creek – Upper Fog Lake 55. S. R. No. _____

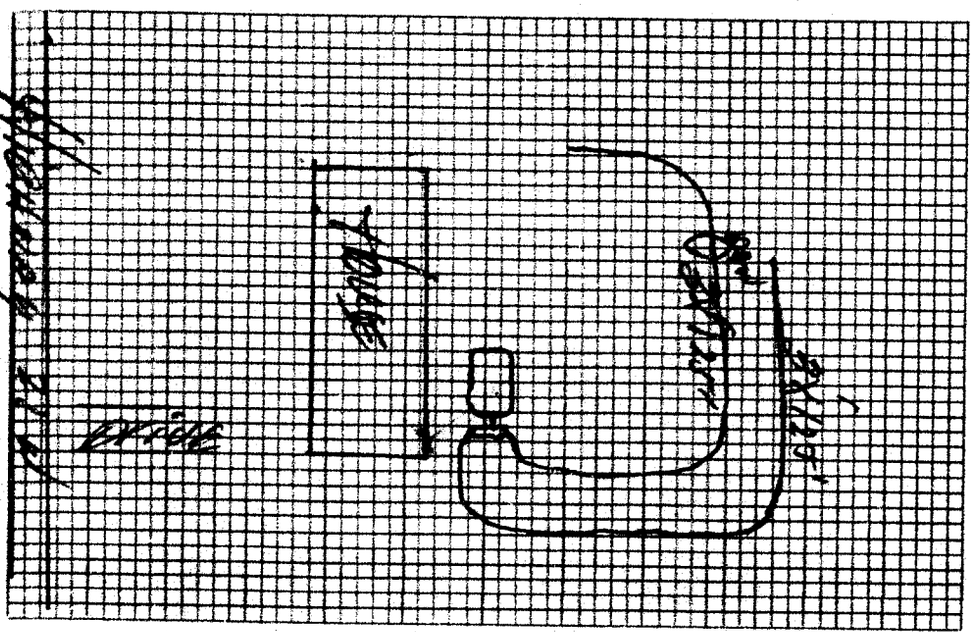
SUBDIVISION NAME _____ LOT NO. #3 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____ Prop. Suitable

No. Bedrooms 3 No. Bathrooms 1

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 Clay
Percolation Rate _____
Topography 2 – 10% Slope
Depth to Water Table 10 ft
Rock or other impervious formations Some in trench line



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 250 Linear Ft. 250
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (✓)

Installed by Clifford Vanderpool

IMPROVEMENTS PERMIT BY _____

COMMENTS: Tank & inside line inspected by Mr. Dave Casey. R.S. Johnson

CERTIFICATE OF COMPLETION BY Glenn Fox DATE 2/4/60

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