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 Frank Mitchell DATE 8-28-24 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21N, , Left on Jennings Rd, Rt on 1891 (past N. Iredell Sch), thru Olin, on Rt _____ S. R. No. _____

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

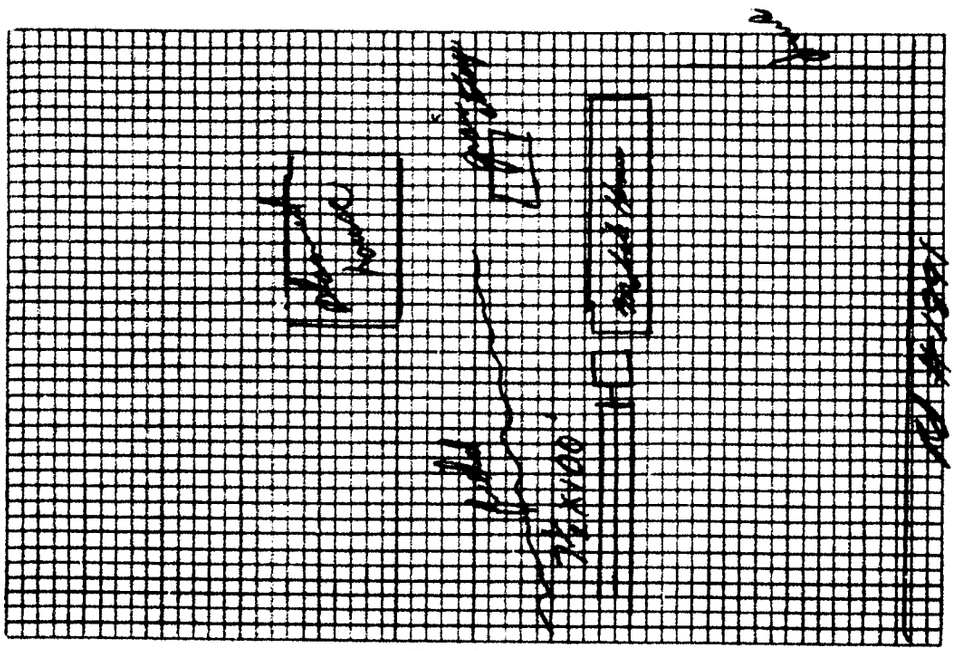
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 2

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

Lot Area Acreage

Character & Porosity of Soil Red Clay
Percolation Rate none
Topography Slope To front
Depth to Water Table _____
Rock or other impervious formations none Around



Plot of System

Size of Tank ~~1000~~ 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 300'
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Sam Ostwalt

IMPROVEMENTS PERMIT BY _____

COMMENTS: Mobile home will be utilizing system until house is built

CERTIFICATE OF COMPLETION BY Andrew E. Causey DATE 8-28-24

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