## 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 Shelby H. Simmons DATE 12-21-79 PERMIT NO. _____

PHONE: Business _____ Home _____

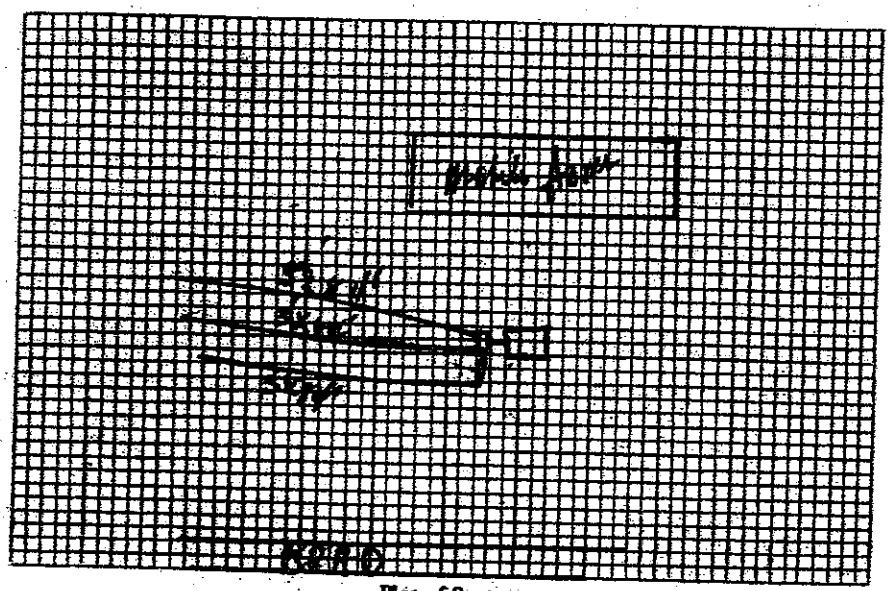
LOCATION Simmons 901 E. TL in Skyview Lake – Hwy to right – 1st Mobile Home on Rt. S. R. No. _____

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

House ( ) Mobile Home (✓) Business ( ) Other _____ Prev. Sanitarian

No. Bedrooms 3 No. Bathrooms 1½

| | | | | | |
|---|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil | Clay |
| Auto. Dishwasher | Yes ( ) | No (✓) | Percolation Rate | |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | 6–10% slope |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | 6ft |
| Lot Area 30,807 | | | Rock or other impervious formations | none |



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 350 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by William Cansler

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY William Sat Jr. DATE 12/21/79

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