02214

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 JOHN ALLISON DATE 12-18-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-40 west - T.L. on Sharon Sch. Rd. - go approx. 3/8 mi. T.L. into dev. cross creek - 2nd lot on left

SUBDIVISION NAME SHARON RIDGE DEV. LOT NO. 8 S. R. No. _____ SECTION OR BLOCK NO. _____

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

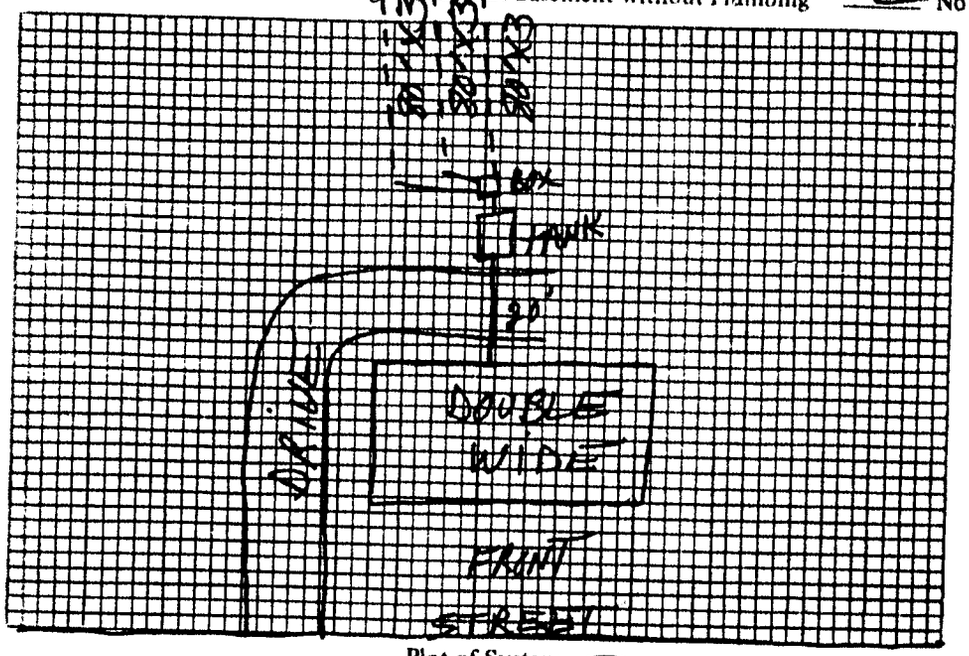
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Prov. Suitable
Percolation Rate .5 gal/sq. ft.
Topography 2-6%
Depth to Water Table 12'+
Rock or other impervious formations none observed

Lot Area 1.25 acre

_____ Basement with Plumbing _____ Basement without Plumbing (✓) No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by AAA Enterprises

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Do not drive or park over septic tank system.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 12-18-85

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold