IREDELL COUNTY HEALTH DEPARTMENT

12123 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Wade R. Shanklin DATE 10/30/90 PERMIT NO. 25-2-A-3920

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1457 Right at Y at corner of 1457 and Langdon Rd on right S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 1594 SECTION OR BLOCK NO. _____

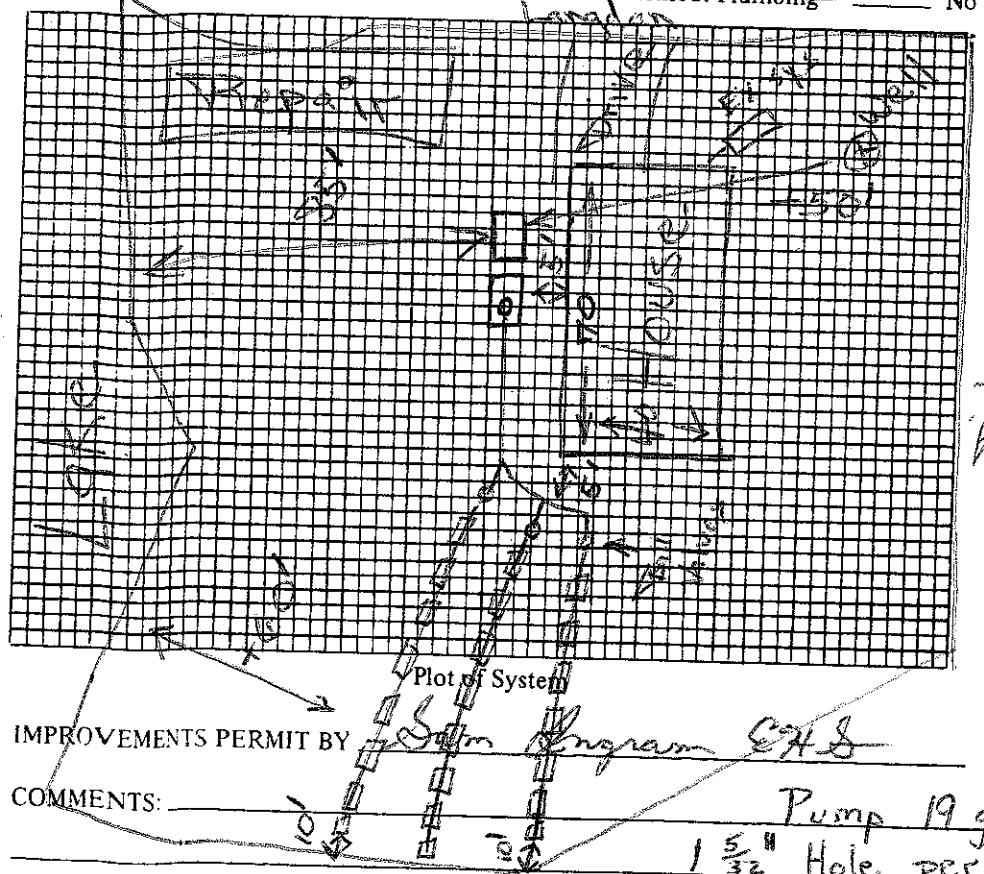
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3½

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	PS clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	N .3
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	5 - 15%
Site Suitable PS	Yes (✓)	No ( )	Depth to Water Table	+ 3'
			Rock or other impervious formations	none obs.

Lot Area _____

(✓) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement 1250 PT



Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 200'
Depth of Stone in Lines 16"

Water Supply: Individual (✓) T+J
Public ( ) Panel

Installed by _____

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

Signed: Wade R. Shanklin

* Existing system must be excavated and backfilled with clay. Tank must be pumped and excavated

IMPROVEMENTS PERMIT BY John Ingram EHS

COMMENTS: Pump 19 gpm 20' TDH
1 5/32" Hole per panel 40' Sch 40 2" Supply Line
3 panel lines 1 @ 100' 1 @ 30' 1 @ 67'

CERTIFICATE OF COMPLETION BY _____ DATE _____

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

* Health Dept. must be present to verify tank has been pumped and excavated.