III

IREDELL COUNTY HEALTH DEPARTMENT 4627-72-8080

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

OWNER OR CONTRACTOR James M. Sheppard DATE 4/11/88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1178 (Blume) TL 1443 TL 1444 (Beaten Path) TR Honeysuckle. On L. S. R. No. _____

SUBDIVISION NAME CL & T LOT NO. 36 SECTION OR BLOCK NO. 9

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

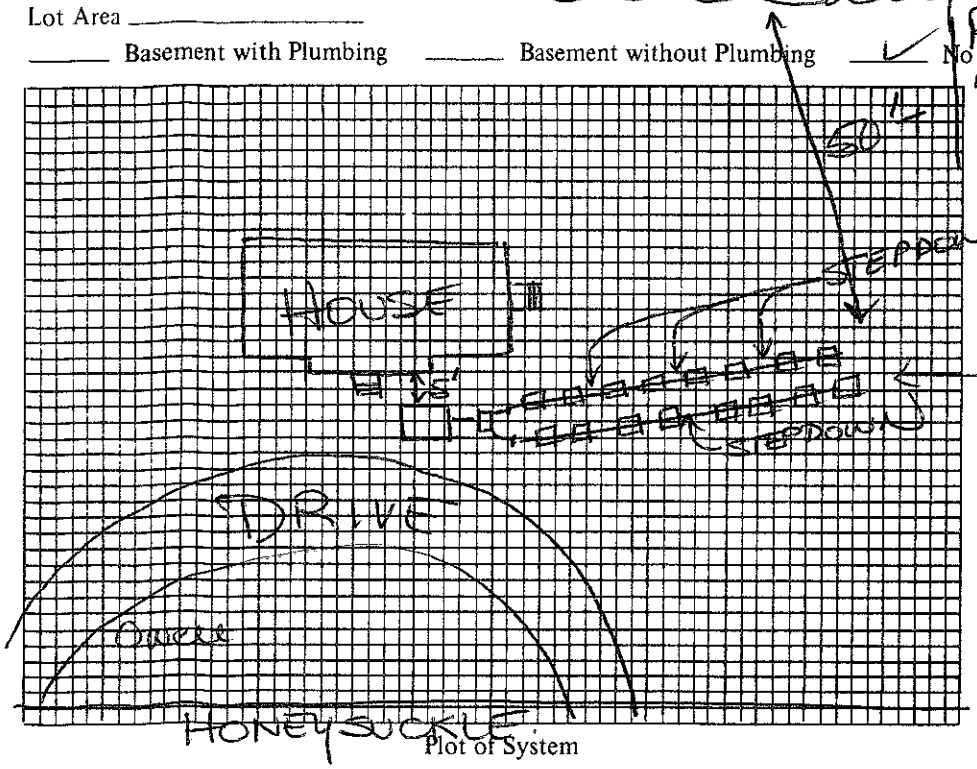
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clay
Percolation Rate ~.4
Topography 2%
Depth to Water Table 41+
Rock or other impervious formations none observed

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 200' of
Depth of Stone in Lines 16" T&J
Water Supply: Individual (✓) Panels.
Public ( )

Installed by Wayne Orbison

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: DO NOT MULCH OR PAVE OVER SYSTEM. (especially drainfield.) Best recommended cover is lawn grass. Fescue (ky31).

CERTIFICATE OF COMPLETION BY Andrew C. Price DATE 4/11/88

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