07388

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 James M. Sheppard DATE Oct. 19, 87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1178 (Blume) TR 1443 TR 1444 (Beaver Falls) TR Honeysuckle Lane on left

SUBDIVISION NAME CL&T Lake Norman LOT NO. 36 SECTION OR BLOCK NO. 9 S. R. No. _____

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 ( )

Lot Area Existing 1/2 Ac

Character & Porosity of Soil clay

Percolation Rate 1, 4, 4

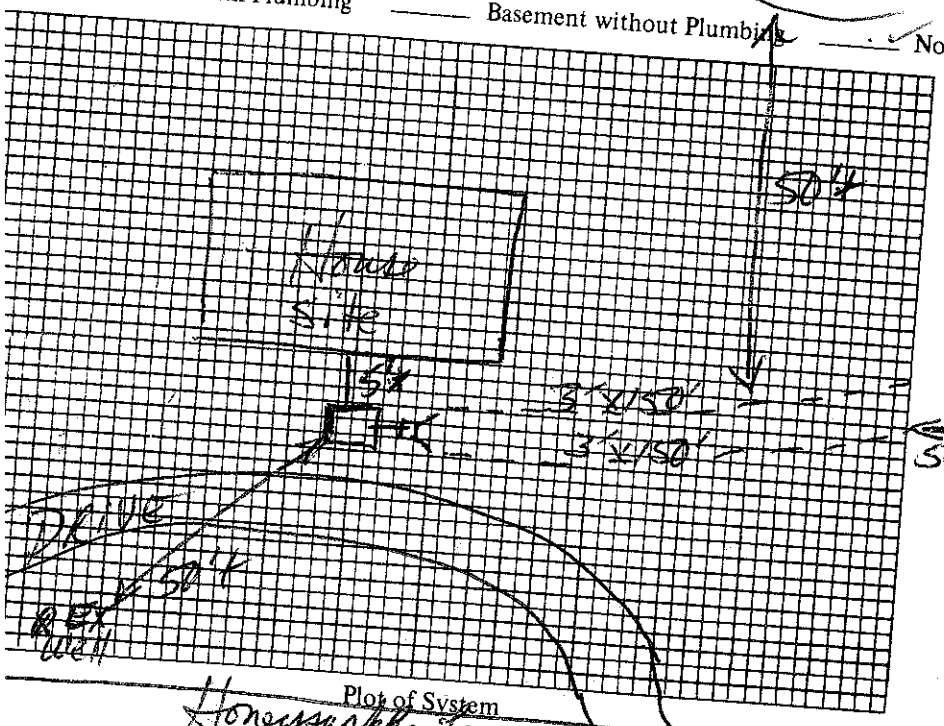
Topography 2 to

Depth to Water Table 41

Rock or other impervious formations none obs

LAKE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 700 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Lot Line

54'

Installed by _____

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

Signed: X Glenn Smith

OVEMENTS PERMIT BY _____ DHinson RS

ENTS: Keep system shallow, Maintain at least 1 foot separation between bottom of drainfield ditch and elevation (high water mark).

ICATE OF COMPLETION BY _____

NG SYSTEM CHECKED BY: _____ DATE _____

ONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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

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