4639279114

IREDELL COUNTY HEALTH DEPARTMENT

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

R OR CONTRACTOR Jack Shaffner DATE 6-9-87 PERMIT NO. 474

NE: Business _____ Home _____

OCATION 1303 N. TL 1300 (Fern Hill) T.R. Tennessee Circle
~ 1/2 mile on right S. R. No. _____

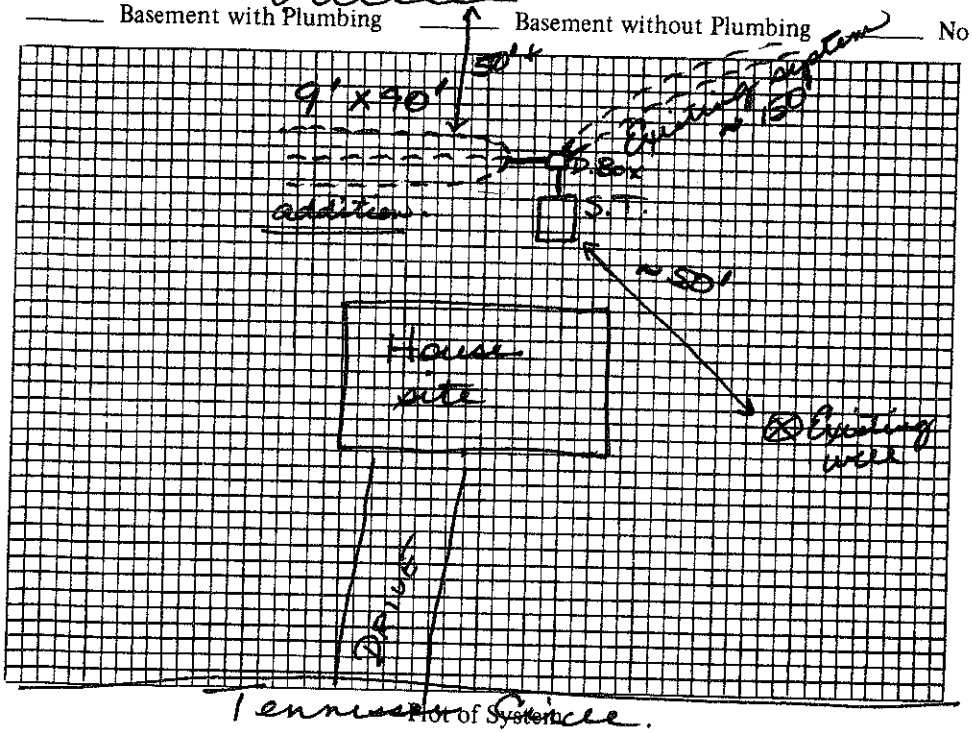
SUBDIVISION NAME L. N. LOT NO. 80 SECTION OR BLOCK NO. 16

House (✓) Mobile Home ( ) Business ( ) Other Addn. to Existing system to bring up to standard for 3 bedroom structure

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area Existing

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 360 Linear Ft. 120
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Yountz.

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

Signed: _____

IMPROVEMENTS PERMIT BY D.R.H.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrea C. Owen, D.R. Hunsucker, R.S. DATE 6-9-87

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