4655182346

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 Doretha Shipp DATE 8/21/89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. TL just beyond Mt Mourne School on dirt Rd (before Faith Rd.) 2nd on left S. R. No. _____

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

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

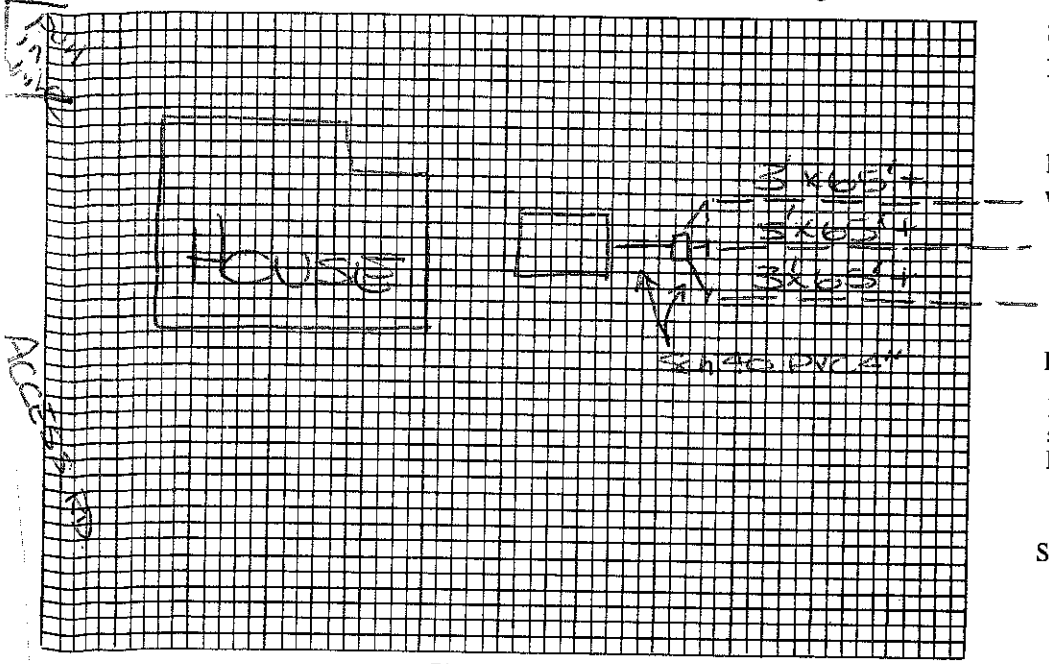
No. Bedrooms 1-2 No. Bathrooms 1

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 20% - 60%
Depth to Water Table 4'+
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 3
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"+
Water Supply: Individual (✓)
Public ( )

Installed by Otho Davis

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

RTIFICATE OF COMPLETION BY Andrew C. Pierce, R.S. DATE 8/21/89

STING SYSTEM CHECKED BY: _____ DATE _____

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

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

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