IREDELL COUNTY HEALTH DEPARTMENT

Repair

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

OWNER OR CONTRACTOR Harry Gabriel DATE 2/22/91 PERMIT NO. N/A

PHONE: Business _____ Home 663-1629

LOCATION SR 2383 (Shinnville) TR first drive on (R) to green house in tree at end of drive S. R. No. _____

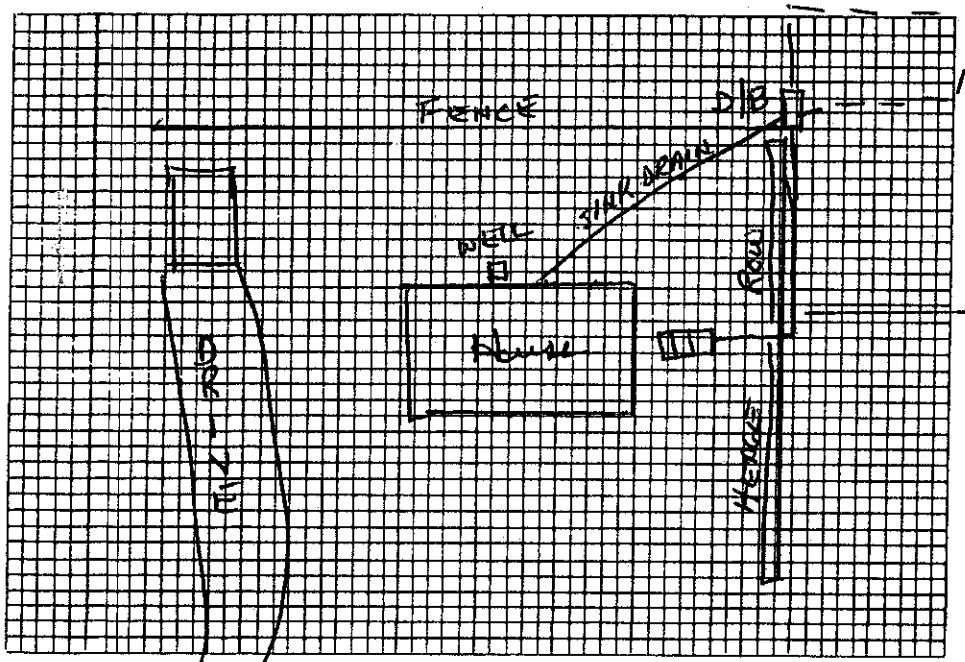
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 2BR No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes ( ) No (✓)
Site Suitable Yes (✓) No ( )
Lot Area ACREAGE

Character & Porosity of Soil Clay
Percolation Rate .3
Topography 2020
Depth to Water Table 40" - 42" (MOTTLED)
Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement 140' x 3'



Plot of System

Size of Tank EXISTING 1000 Gals.
Nitrification Field: 140' x 3'
No. of Lines 2
Sq. Ft. 310 Linear Ft. 140'
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

N/C

Installed by Mike League

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 2/22/91

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