4658 96 5963

8371

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 SHIRLEY P. LAMBERT DATE July 28, 1988 PERMIT NO. _____

PHONE: Business _____ Home 663-7087

LOCATION 115 N. TR Shinnville TR 1st dirt ROAD. @ TL Little Creek 1st on L. S. R. No. Little Cr.

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

IM-A-137

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

No. Bedrooms 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 ~~clays~~ CX. system

Percolation Rate _____

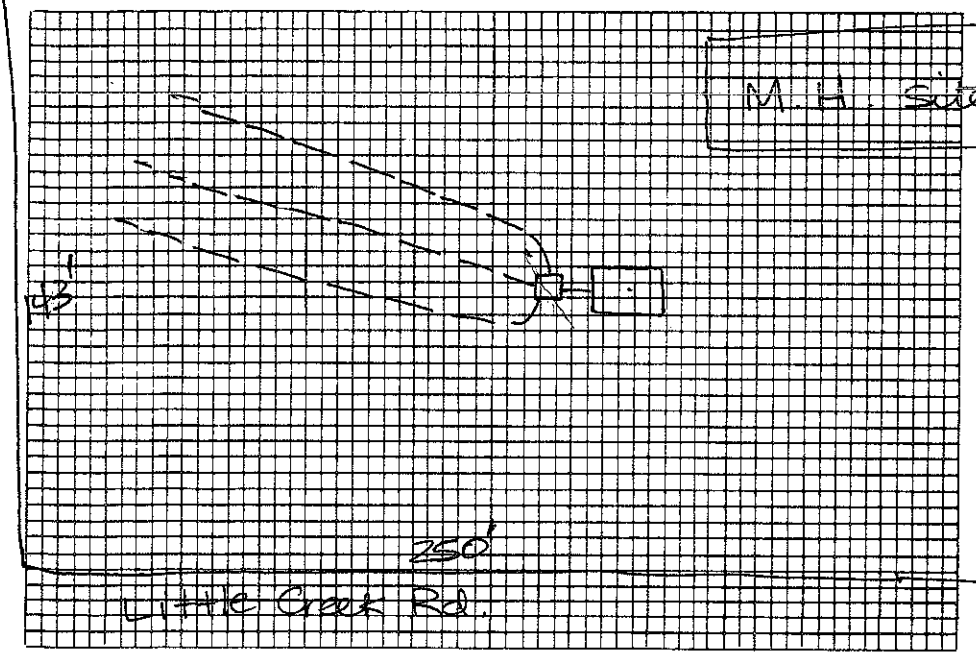
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area .881 ACRES (38,377) 276.

~~Basement with Plumbing~~ ~~Basement without Plumbing~~ ✓ No Basement



Plot of System NTS.

~~Size of Tank~~ Existing Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. Existing

Depth of Stone in Lines _____

Water Supply: Individual (X)

Public ( )

153'

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: No sign of sewage seen at this inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andrea C. Pinn DATE July 28, 1988

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