4659432223

IREDELL COUNTY HEALTH DEPARTMENT

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

NER OR CONTRACTOR Wayne Freeze DATE 10-10-84 PERMIT NO. 359

ONE: Business _____ Home _____

OCATION 21N TR ~ .5 mile past Sheperd School

S. R. No. _____

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

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

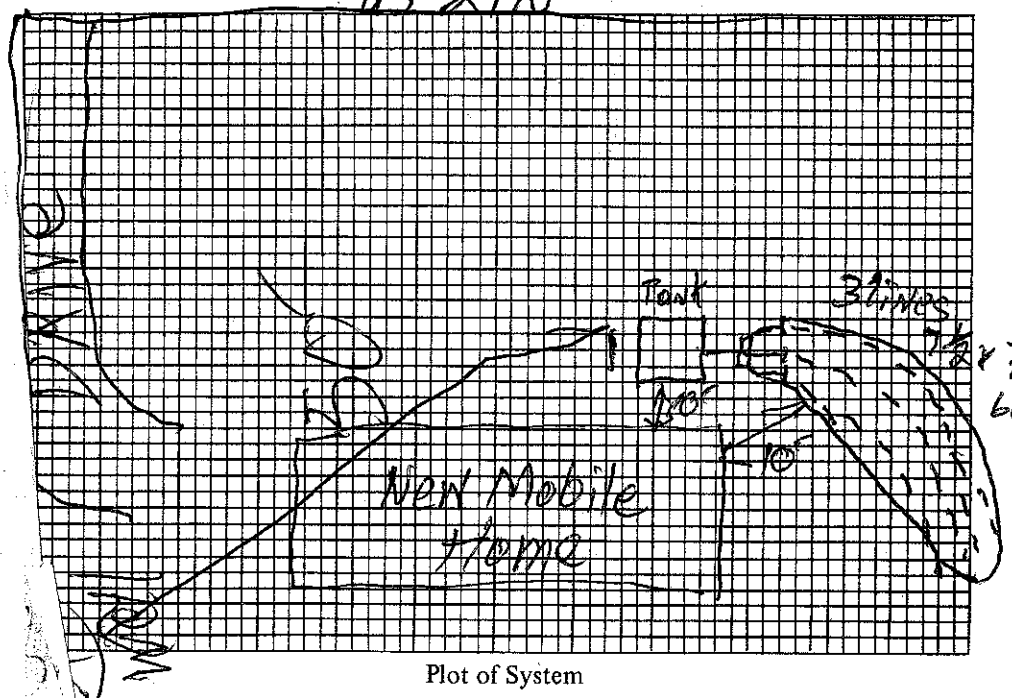
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	
Auto. Dishwasher	Yes (X)	No ( )	
Auto. Wash. Machine	Yes (X)	No ( )	
Site Suitable	Yes (X)	No ( )	

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

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. 675 Linear Ft. 225
Depth of Stone in Lines _____
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: _____

OVEMENTS PERMIT BY _____

IENTS: Existing system working OK at date of inspection

FICATE OF COMPLETION BY _____ DATE _____

NG SYSTEM CHECKED BY: Charles A. Barnett DATE 10-10-84

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.
is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making ements Permit.

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