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 Avery Sullivan DATE 12/30/91 PERMIT NO. _____

PHONE: Business _____ Home 663-7103

LOCATION Shepard Valley Rd - Shepard Rd off 115 N, TR Shepard Valley to 3rd house on (R) - tri level S. R. No. _____

SUBDIVISION NAME Shepard Valley LOT NO. 74 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2.5

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

Character & Porosity of Soil P - C - Sic (micaceous)
Percolation Rate .3
Topography 2%
Depth to Water Table 48"
Rock or other impervious formations None observed

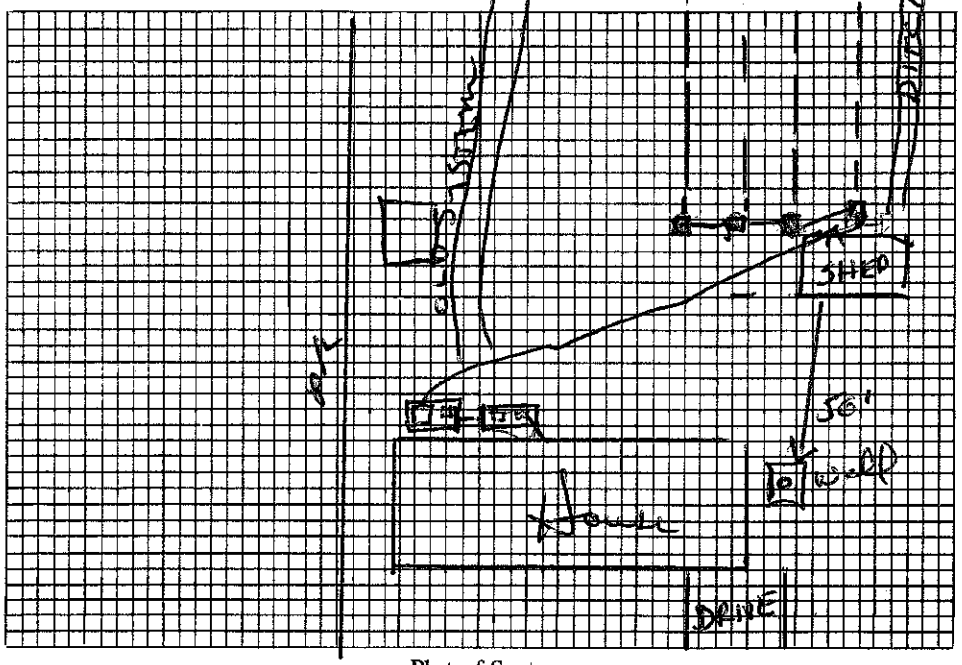
Lot Area 20,000 FT²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Pump Tank Existing S/T Gals.

Nitrification Field:
No. of Lines 4 @ 90' x 3'
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"

Water Supply: Individual (✓ Existing)
Public ( )



Plot of System

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Wesley Sparks RS.

COMMENTS: Keep trenches no deeper than 36" to trench bottom. Pressure distribution may be used. Alarm float and alarm required on pump. Set float to dose 175 gals/cycle to trenchfield.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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