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 James (Dante) Berry DATE 7-3-86 PERMIT NO. 389

PHONE: Business _____ Home _____

LOCATION 2141 15N TR on Sheperd Rd, 7mi leon Right across from Sheperd Field S/D S. R. No. _____

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

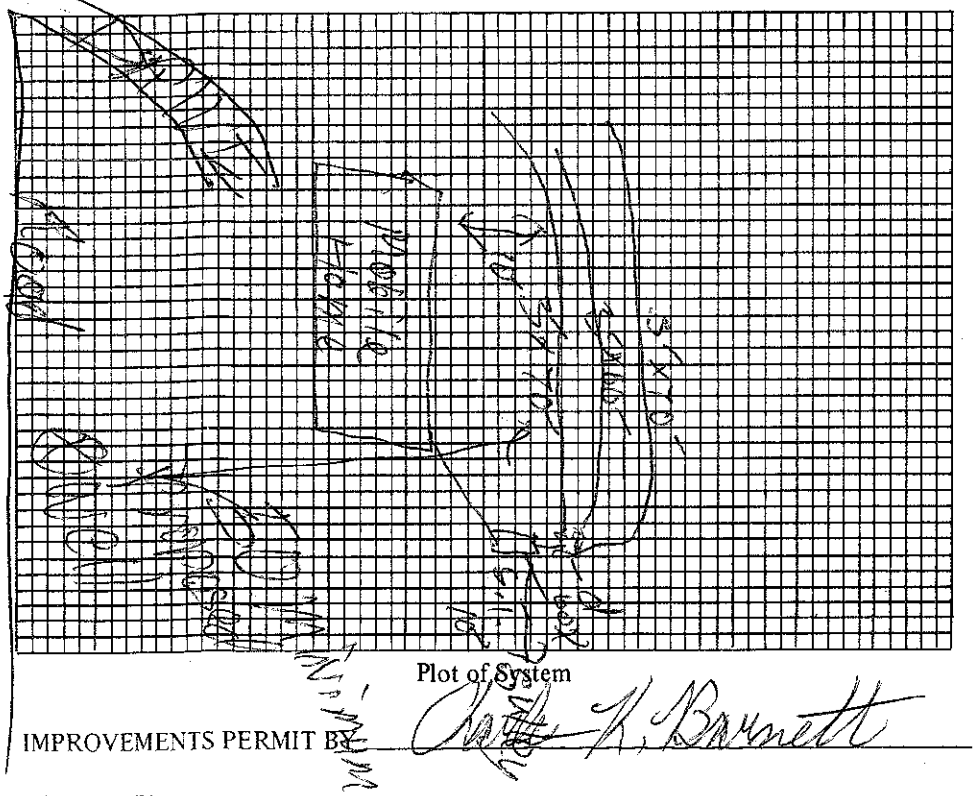
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.4 gal ft²/day 2-8 @ 24"	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography		
Site Suitable	Yes (✓)	No ( )	Depth to Water Table		
			Rock or other impervious formations	None Obs	

Lot Area 2 acres

___ Basement with Plumbing ___ Basement without Plumbing ___ No Basement



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 Benton

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

Signed: _____

IMPROVEMENTS PERMIT BY Charles K. Barnett

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles K. Barnett DATE 7-3-86

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