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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 Paul McClain DATE June 1, 1990 PERMIT NO. 46-B-1D

PHONE: Business _____ Home 663-4903

LOCATION 21 N TR Shepherd Rd. 1st on left past creek

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area .93 ac

Character & Porosity of Soil clayey

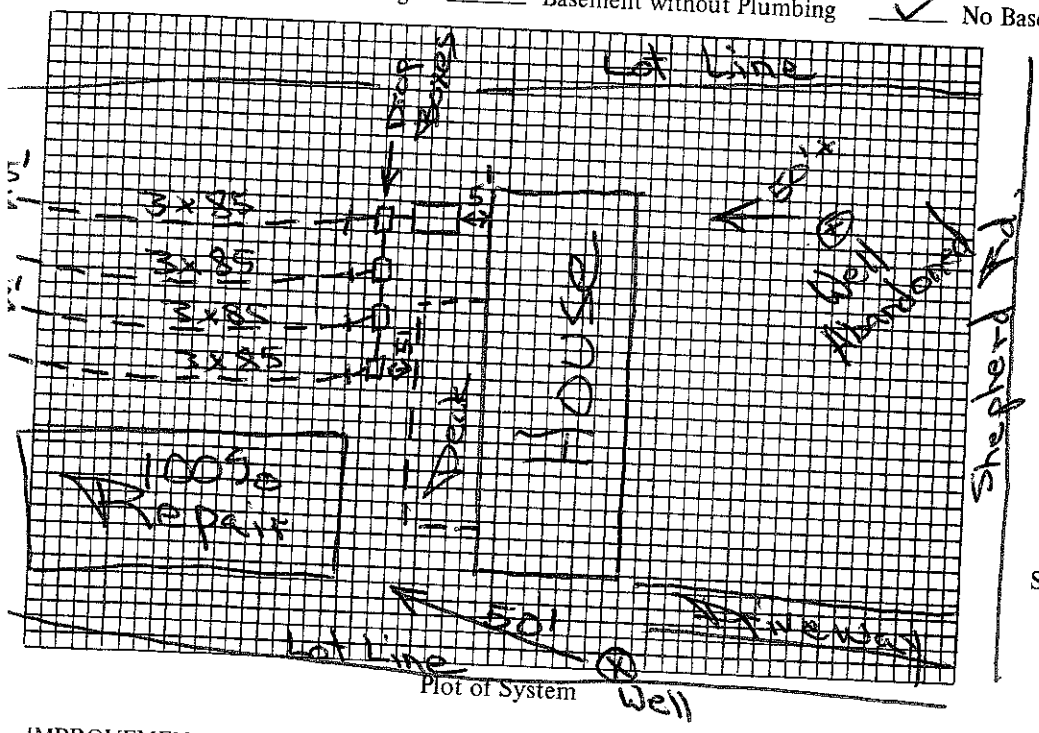
Percolation Rate ~ .35 gpd/ft²

Topography 5-10%

Depth to Water Table +3'

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1020 Linear Ft. 340
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Larry Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Proper Well abandonment was not verified by Health Dept. Well caved in [redacted] and was originally to be used as source of water. System is +50' from abandoned well.

CERTIFICATE OF COMPLETION BY Sam Ingram EHS

EXISTING SYSTEM CHECKED BY: _____ DATE June 1, 1990

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.

DATE _____

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