IREDELL COUNTY HEALTH DEPARTMENT

12102

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

OWNER OR CONTRACTOR Kevin Shank DATE Nov. 16, '90 PERMIT NO. IC-5-A 13&14

PHONE: Business _____ Home _____

LOCATION 1125 S. TR 1138 (Presbyterian Rd) a ¼ mile on Right S. R. No. _____

SUBDIVISION NAME Cold Trace LOT NO. 13&14 combined SECTION OR BLOCK NO. _____

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

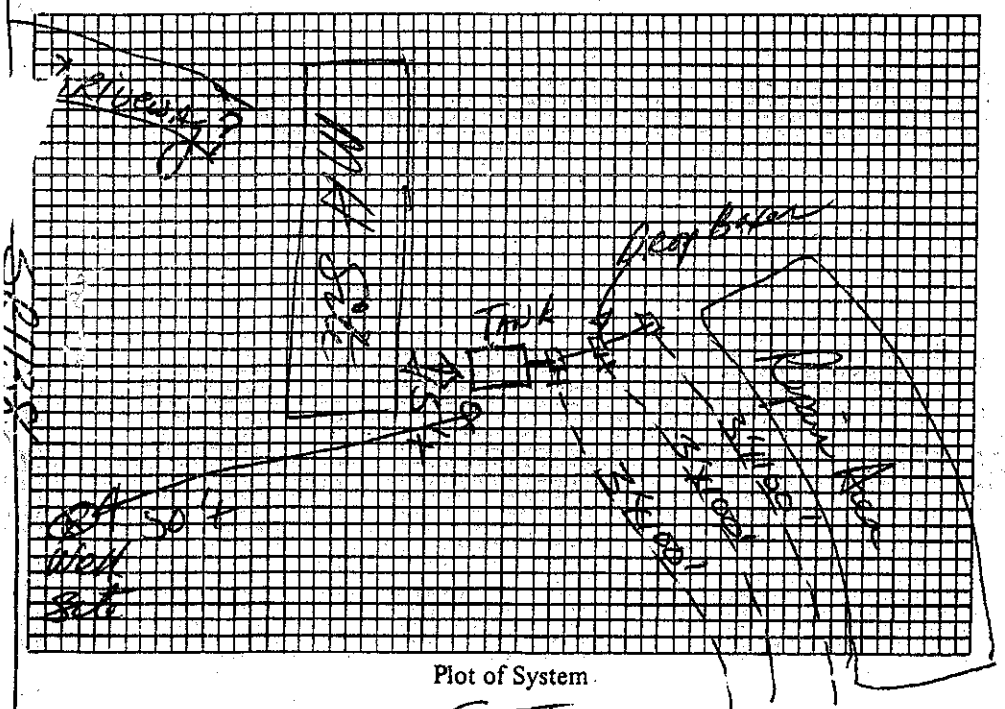
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil LS clay
Percolation Rate 1" / 25 min
Topography 15-25%
Depth to Water Table 6'+
Rock or other impervious formations none obs.

Lot Area 1-2 Ac.

_____ Basement with Plumbing _____ Basement without Plumbing ___✓___ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by H. Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY SCI

COMMENTS: _____

Well not installed. Moth not on site.

CERTIFICATE OF COMPLETION BY D. Hanson; EHS 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