IREDELL COUNTY HEALTH DEPARTMENT

11642 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Sheila M. Ford DATE Dec. 13, '90 PERMIT NO. 40-2-A-7

PHONE: Business _____ Home _____

LOCATION 115-21N TR 2383 (Shinnville Rd.) TR into Springdale on Right S. R. No. _____

SUBDIVISION NAME Springdale LOT NO. 7 SECTION OR BLOCK NO. _____

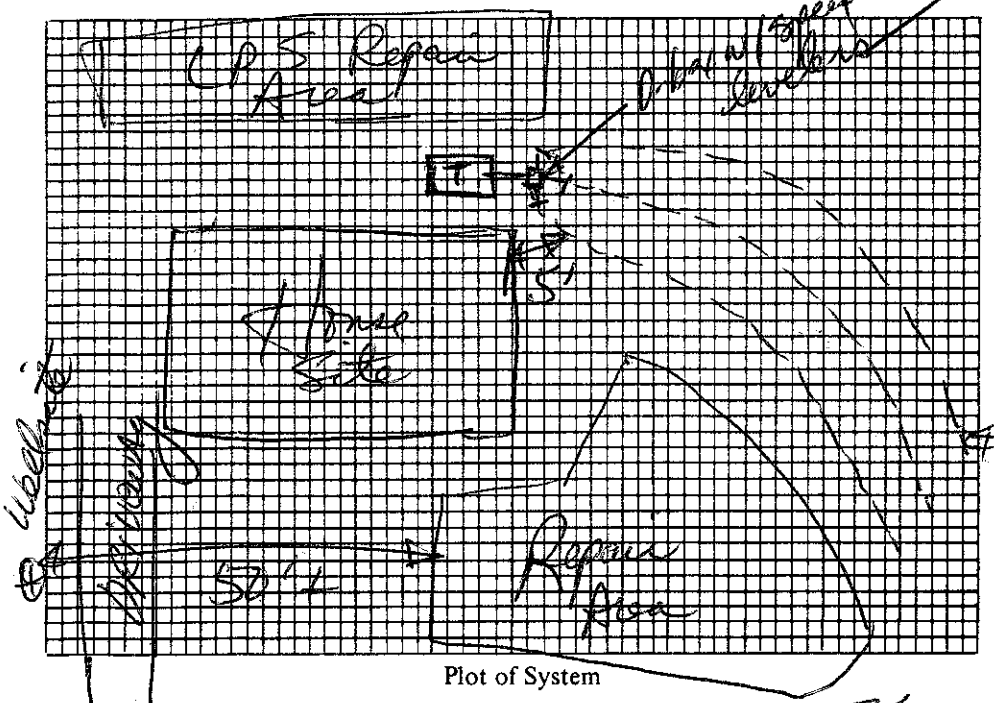
House (✓) Mobile Home ( ) Business ( ) Other _____

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 1/2-3/4 Ac.

Character & Porosity of Soil PS clay
Percolation Rate 4
Topography rolling
Depth to Water Table 6'+
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1500 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 R&R Investment
Bob MacLeod

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

Signed: _____

Lot Line

IMPROVEMENTS PERMIT BY _____

COMMENTS: Upper 2 lines deeper than specified on IP but no problem seen with soils. Well not installed as of 12-13-90

CERTIFICATE OF COMPLETION BY David R. Hinson, EHS DATE 12-13-90

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