4669301641

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 Chris Nanny DATE 4/18/89 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 115 N - 21N TR Shinnville TR Pond View On left at bottom of hill. S. R. No. ____

SUBDIVISION NAME Reba Phillips S/D LOT NO. 3 SECTION OR BLOCK NO. ____

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

No. Bedrooms 3 No. Bathrooms 2 ○ well

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area ____

Character & Porosity of Soil Clay

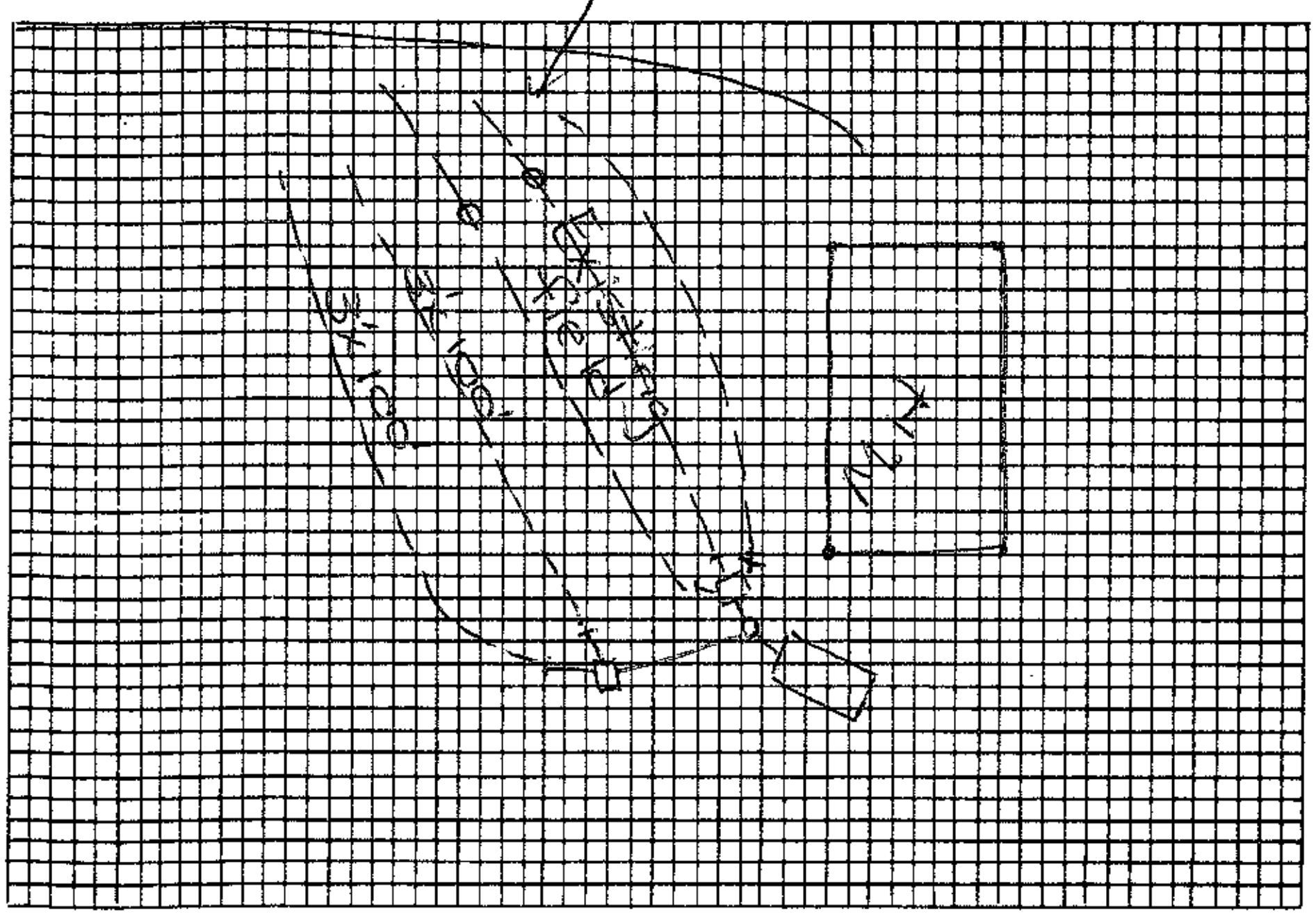
Percolation Rate .35 - .3 gpd/ft²

Topography 10%

Depth to Water Table 4'+

Rock or other impervious formations none obs

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System NOT TO SCALE

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Forest Shuford

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

Signed: ____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: ____

CERTIFICATE OF COMPLETION BY Andre C. Pierce DATE 4/18/89

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