4671873108

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 Kenny Sherrill DATE 2-18-81 PERMIT NO. 43

PHONE: Business _____ Home _____

LOCATION 150E. on left before Co. line S. R. No. _____

SUBDIVISION NAME Performance Properties LOT NO. 15 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 Yes (✓) No ( )

Character & Porosity of Soil clay loam

Percolation Rate Prompt

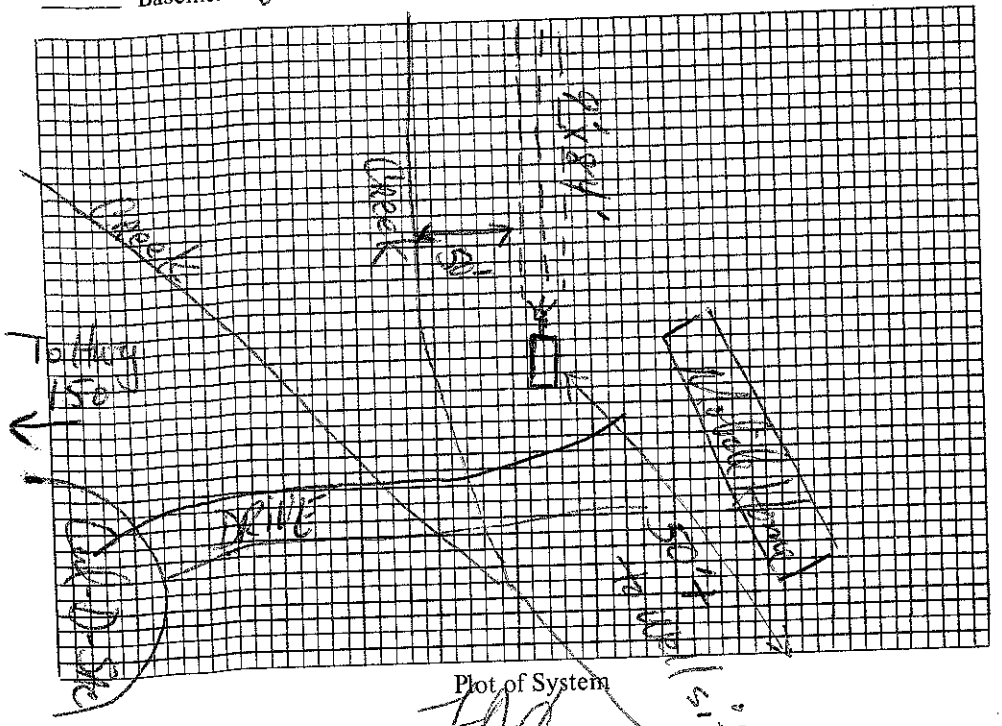
Topography 4-6%

Depth to Water Table tank

Rock or other impervious formations none obs.

Lot Area acreage

_____ Basement with Plumbing _____ Basement without Plumbing ___1___ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 750 Linear Ft. 250

Depth of Stone in Lines 16"

Water Supply: Individual (✓)

Public ( )

Installed by H Green

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

Signed: _____

IMPROVEMENTS PERMIT BY HAC

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Johnson DATE 2-18-81

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