01977

# 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 ROGER DALE SHOOK DATE 9-25-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 0.6 / Mtn. Rd. south of White Oaks - T, R. on Lewis Ferry Rd. - go to Eufola Rd. ~~FT.~~ L., go approx. 1 mile - MH on left back of Rd. S. R. No. 1

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

may build house later.

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 ( ) | |

Lot Area 6 acres

Character & Porosity of Soil Prov. Suitable

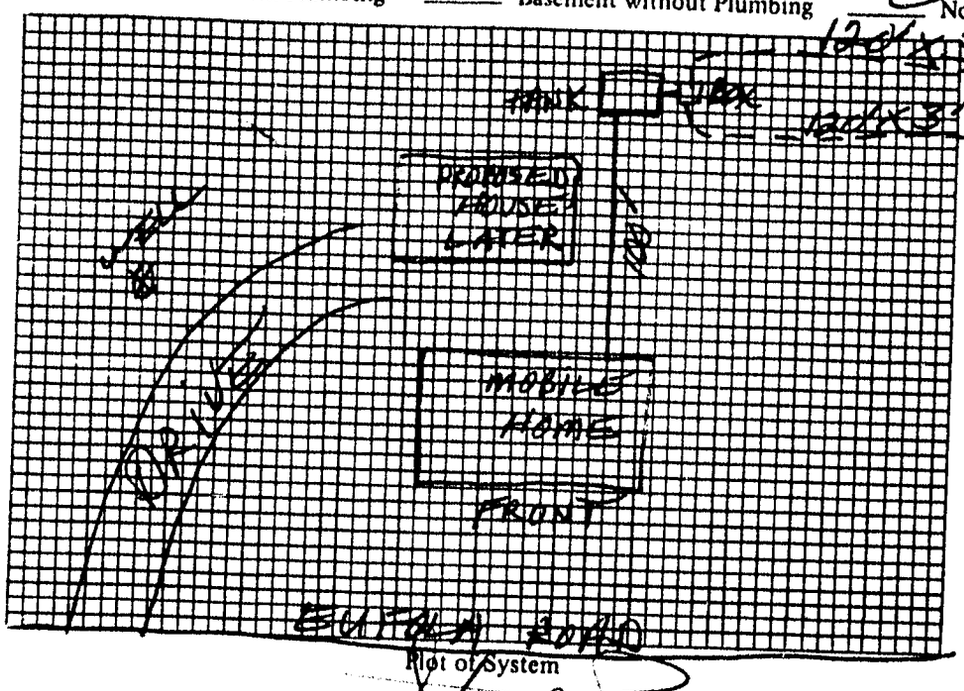
Percolation Rate 5 gal/sq. ft.

Topography 2 - 6%

Depth to Water Table 10'+

Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual ( ✓ )
Public ( )

Installed by Omar Alexander

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 9-25-84

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