# 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: JAMES SHERRILL DATE: 2-26-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION: Hwy 64-70 W past White Oaks approx. 1.25 mi. T.L. on Mocksville Rd. T.R. 1st driveway - house at very end past farms. S. R. No. _____

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

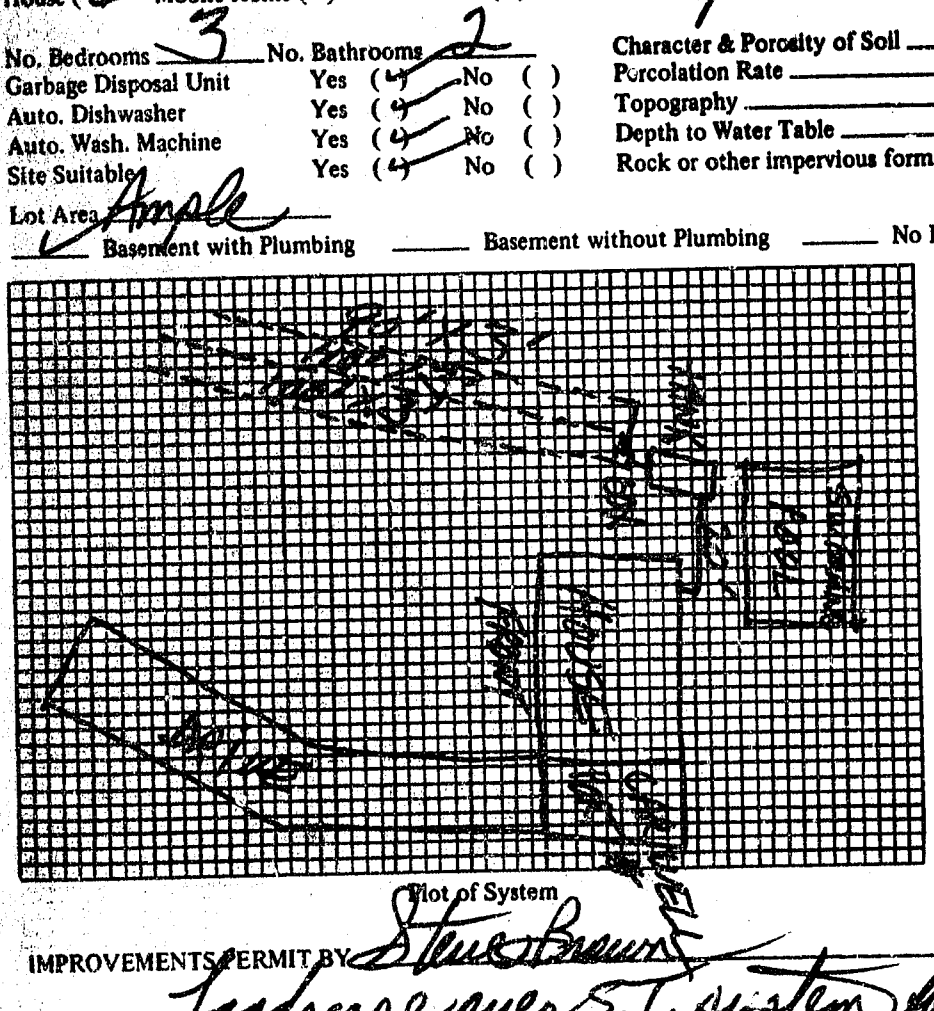
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 3 No. Bathrooms 2

| | | | | |
|---|---|---|---|---|
| Garbage Disposal Unit | Yes (✓) | No ( ) | Character & Porosity of Soil | |
| Auto. Dishwasher | Yes (✓) | No ( ) | Percolation Rate | |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | Repair |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | |
| | | | Rock or other impervious formations | |

Lot Area Ample

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field: 3

No. of Lines

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12

Water Supply: Individual (✓)
Public ( )

Installed by Roger Dignon

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Landscape over S.T. system for surface water control.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 2-26-88.

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