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# 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 CHRISTOPHER SHOEMAKER DATE 2-15-90 PERMIT NO. D14

PHONE: Business _____ Home _____

LOCATION W Front St. Rt 1 south of Eufaula Crossing approx one mile on (R).

SUBDIVISION NAME A RUMPF EST. S. R. No. _____ LOT NO. _____ SECTION OR BLOCK NO. _____

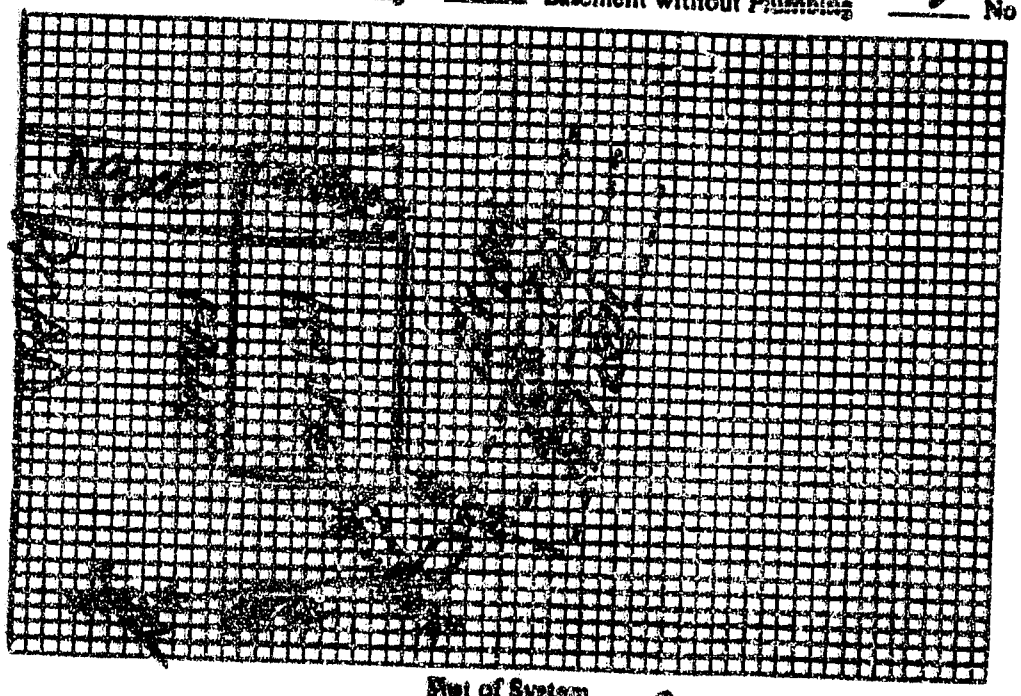
House ( ✓ ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No ( ✓ )
Auto. Dishwasher Yes ( ) No ( ✓ )
Auto. Wash. Machine Yes ( ✓ ) No ( )
Site Suitable Yes ( ✓ ) No ( )
Lot Area Ample.

Character & Porosity of Soil Type Suitable.
Percolation Rate 1 Inch/Min.
Topography 2 Lots Up
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 3
Sq. Ft. 102 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( ✓ )
Public ( )

Installed by Mike Holland

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 2-15-90.

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