11378

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 Maggie Shepherd DATE 5-16-90 PERMIT NO. 90-A-942

PHONE: Business _____ Home _____

LOCATION 115 W. TR on Hellman Rd - to Heath Creek Rd TR on Brannon Rd 2nd House on Rt S. R. No. _____

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

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

No. Bedrooms 2 No. Bathrooms 1

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

Lot Area 3

Character & Porosity of Soil Loam Suitable

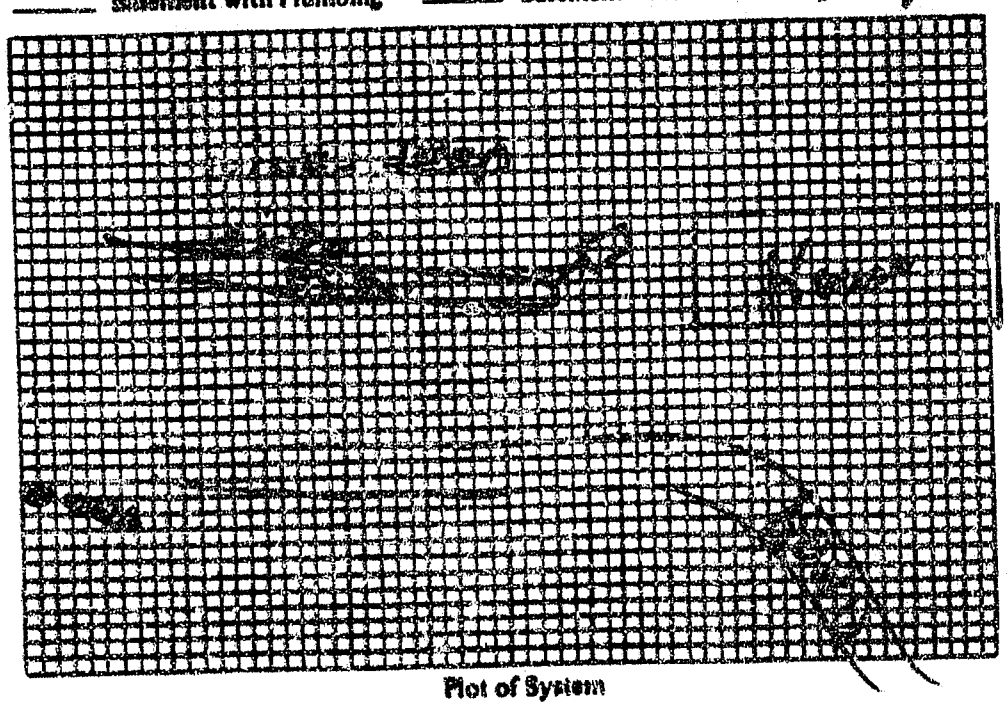
Percolation Rate 2 - 10 Min.

Topography Good

Depth to Water Table 60"

Rock or other impervious formations None

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 40 Linear Ft. 180

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Frank Shepherd

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Old Bath

CERTIFICATE OF COMPLETION BY Ellen Hall DATE 5/16/90

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