4730 71 1544

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 E. C. McFarland DATE 10-9-80 PERMIT NO. 313

PHONE: Business _____ Home _____

LOCATION 1303 N. 72 1439 N. 2 mi. on Rt.

S. R. No. _____

SUBDIVISION NAME Shady Cove Acres LOT NO. 14 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	clay loam	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	Prompt	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2% to 4-5%	
Site Suitable	Yes (X)	No ( )	Depth to Water Table		
			Rock or other impervious formations	none obs.	

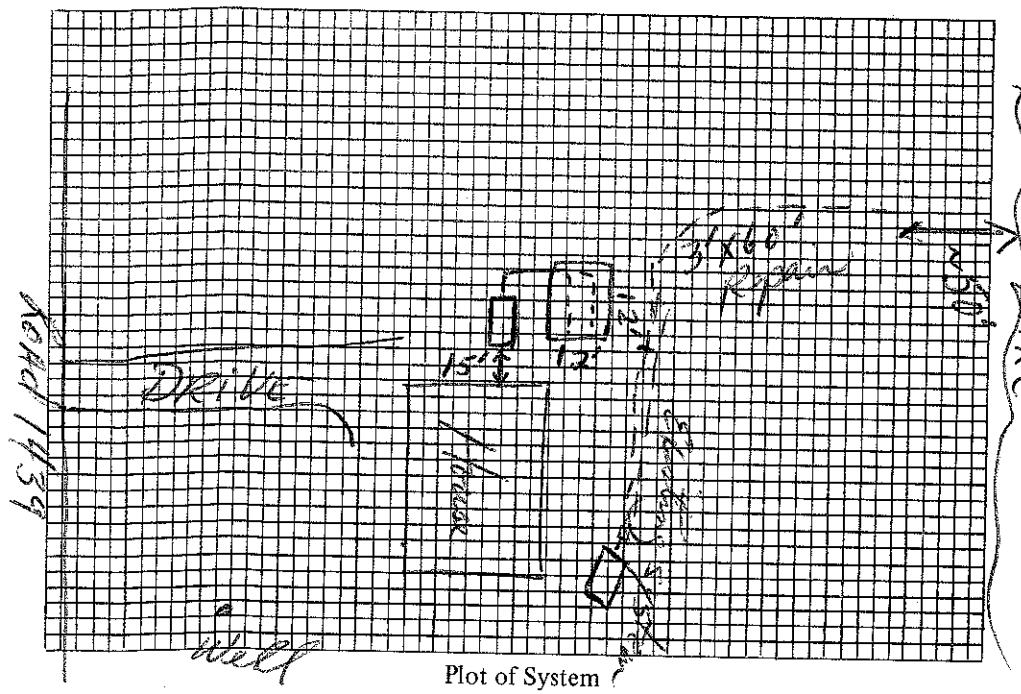
Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement X 3'X60' repair on existing system 12" stone

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 144 Linear Ft. 48
Depth of Stone in Lines 36"

Water Supply: Individual (X)
Public ( )



Installed by Seymour Sep. Tk. Service

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: 3'X60' repair has 12" stone above high water table and 30-33" below. 1000 gal. tank set for washer, bath tub and lavatories with drainfield 12'x12' w/ 36" stone.

CERTIFICATE OF COMPLETION BY Mark K. Lewis DATE 10-9-80

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