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 Keith Sharpe DATE 2-5-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N TR Chipley Ford Rd on Rt before Ft Dobbs Rd S. R. No. _____

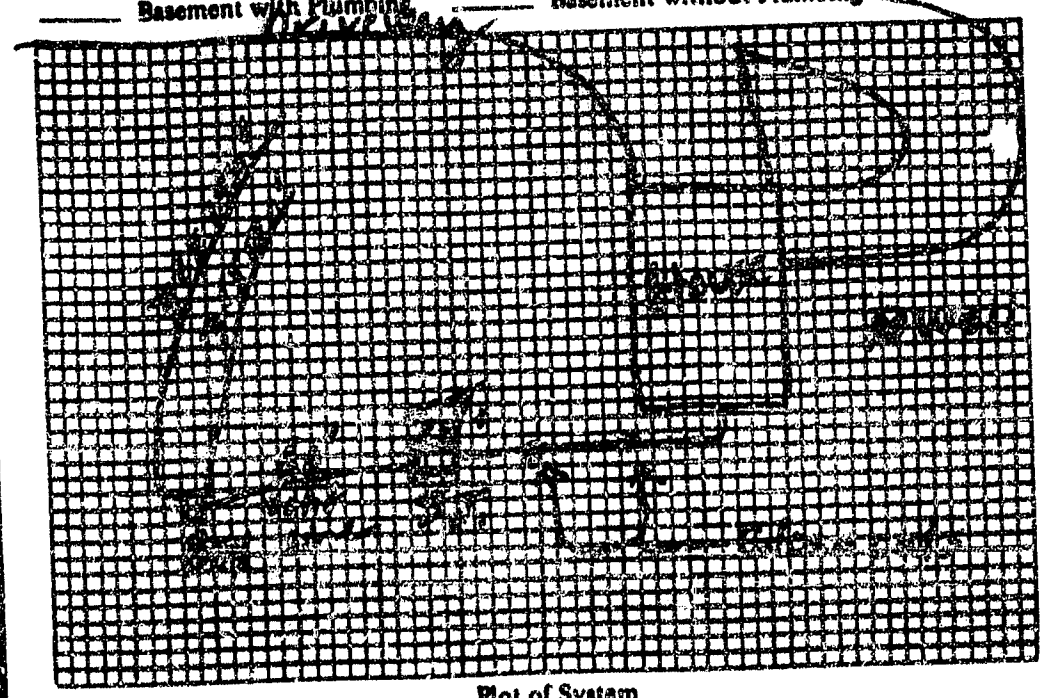
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Repair replace old system

No. Bedrooms 2	No. Bathrooms 2			Character & Porosity of Soil	Clayey
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	35
Auto. Dishwasher	Yes (✓)	No ( )		Topography	Rolling
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	10ft
Site Suitable	Yes (✓)	No ( )		Rock or other impervious formations	None

Lot Area 2 acres +

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 210 Linear Ft. 220
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Tommy Frye

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

Signed: _____

IMPROVEMENTS PERMIT BY P. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY P. C. Moore DATE _____

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