01189

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 Larry Mitcham DATE 6-20-84 PERMIT NO. _____

PHONE: Business _____ Home _____

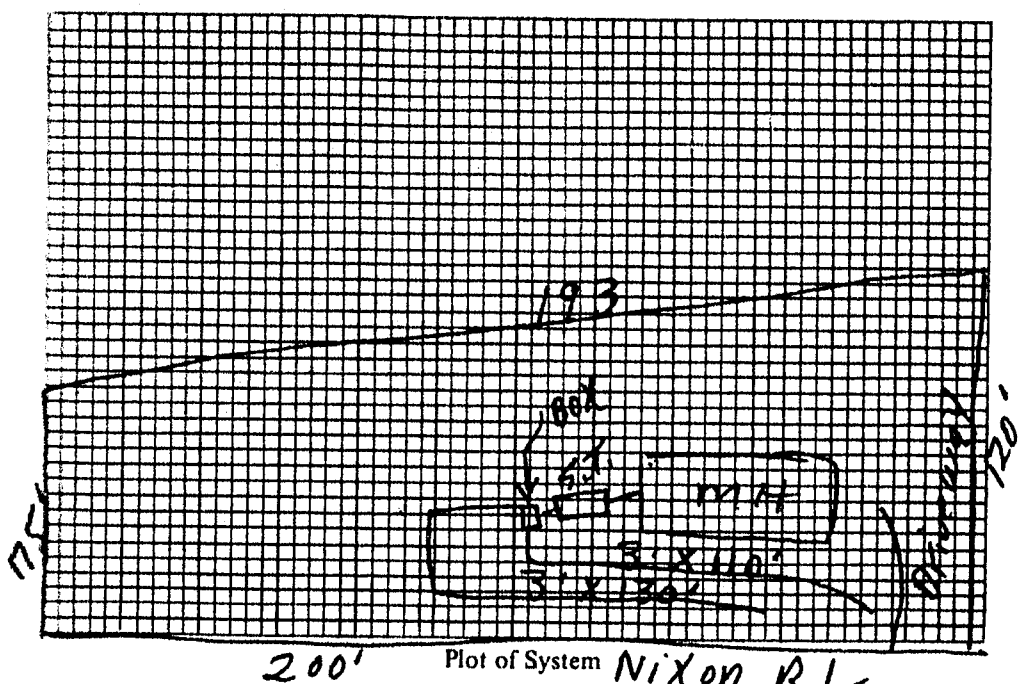
LOCATION Shoemaker Dr. TL on Nixon Rd 200' Past Coo Pck Fm Rd on L. S. R. No. _____

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

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

No. Bedrooms 3	No. Bathrooms 1½	Character & Porosity of Soil	Clay loam
Garbage Disposal Unit	Yes ( ) No (✓)	Percolation Rate	.5 gal/sq. ft./day
Auto. Dishwasher	Yes ( ) No (✓)	Topography	2 to 8%
Auto. Wash. Machine	Yes (✓) No ( )	Depth to Water Table	10'+
Site Suitable	Yes (✓) No ( )	Rock or other impervious formations	none

Lot Area .44 acres



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by Harry Reep

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

Signed: _____

IMPROVEMENTS PERMIT BY L. C. Moore

lay-out amended 6-19-84 by LCM

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 6-20-84

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