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 Gene Haire DATE 10-2-91 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION Shoemaker Dr. S. R. No. ____

____ LOT NO. ____ SECTION OR BLOCK NO. ____

SUBDIVISION NAME ____

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

No. Bedrooms ____ No. Bathrooms ____

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Character & Porosity of Soil Clayey

Percolation Rate .14

Topography 2 to 6%

Depth to Water Table 10'+

Rock or other impervious formations none

Lot Area ____

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement

Size of Tank Ex. Gals.

Nitrification Field: 2

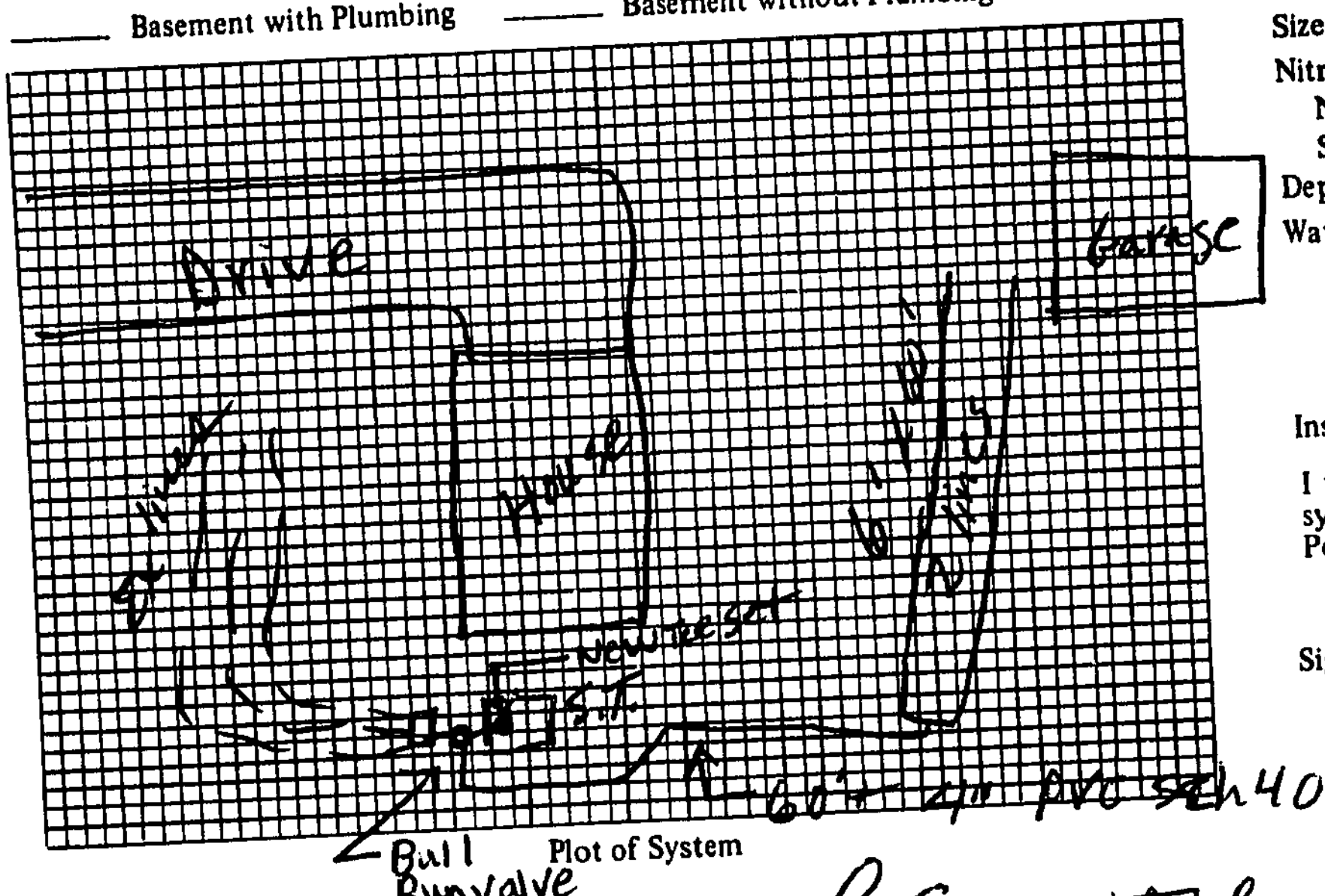
No. of Lines 2

Sq. Ft. 360 Linear Ft. 120

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)



Plot of System

Installed by Robin Shook

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

Signed: ____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: New lines are on No. 1 on valve

Switch ~ every 6 mos.

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 10-2-91

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