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 Phillip Strickland DATE 3-29-88 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 21 N TL on Shoemaker 219 Shoemaker S. R. No. ____

____ LOT NO. ____ SECTION OR BLOCK NO. ____

SUBDIVISION NAME ____

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

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 .4
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

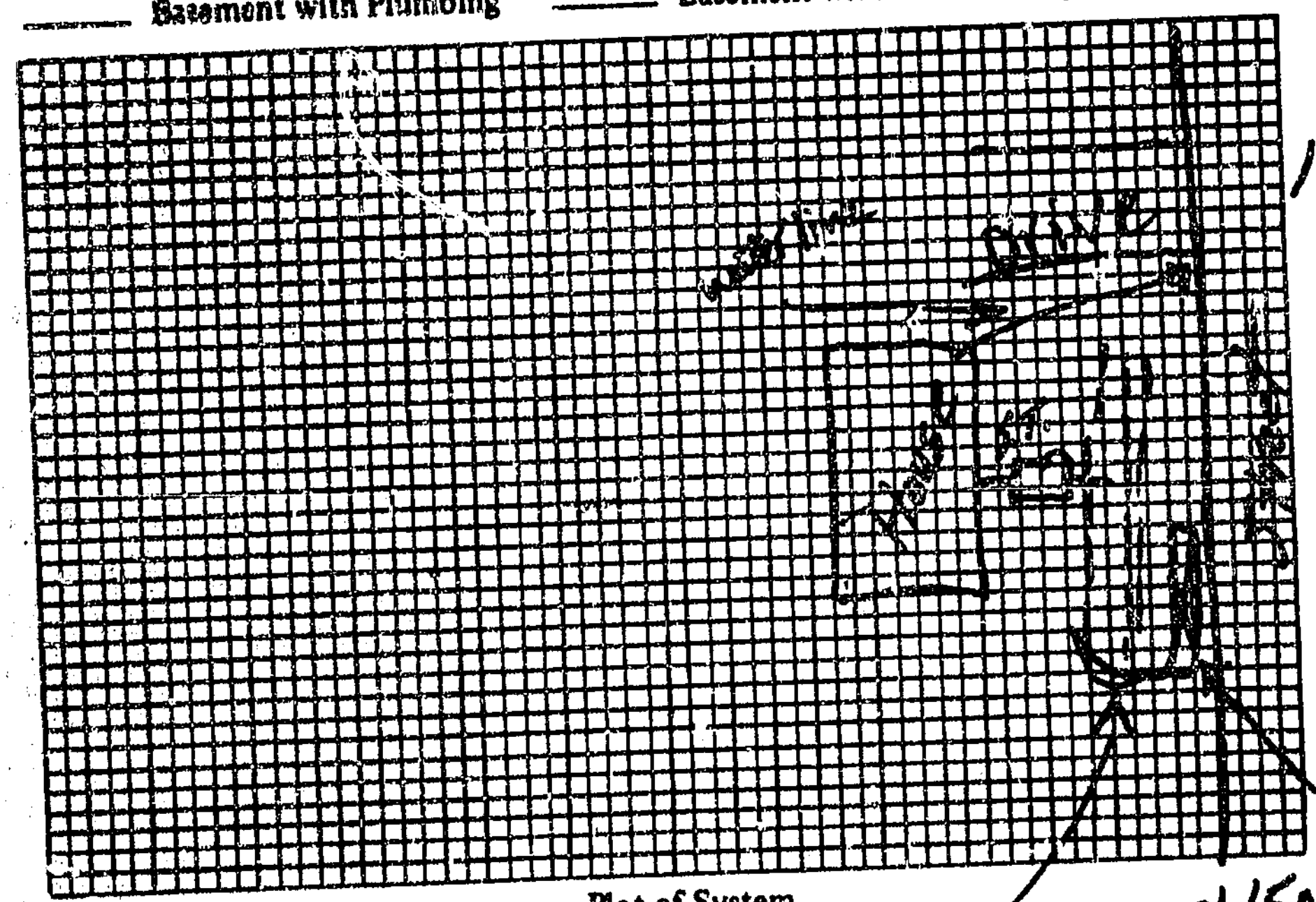
Size of Tank Existing Gals.
Nitrification Field: [redacted] 1
No. of Lines
150 Sq. Ft. [redacted] Linear Ft. 50
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

+ 41 Ton Pit

Installed by James Harkness

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

Signed: ____



41 Ton Pit

3'X50'

Plot of System

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: ____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 3-29-88

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