13025 (53) 40380

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 melody Nesbit DATE 8-16-91 PERMIT NO. D-15

PHONE: Business ____ Home ____

LOCATION 70 E TR Shiloh Ch Rd cross creek behind 3rd Hse on Rt. S. R. No. ____

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

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

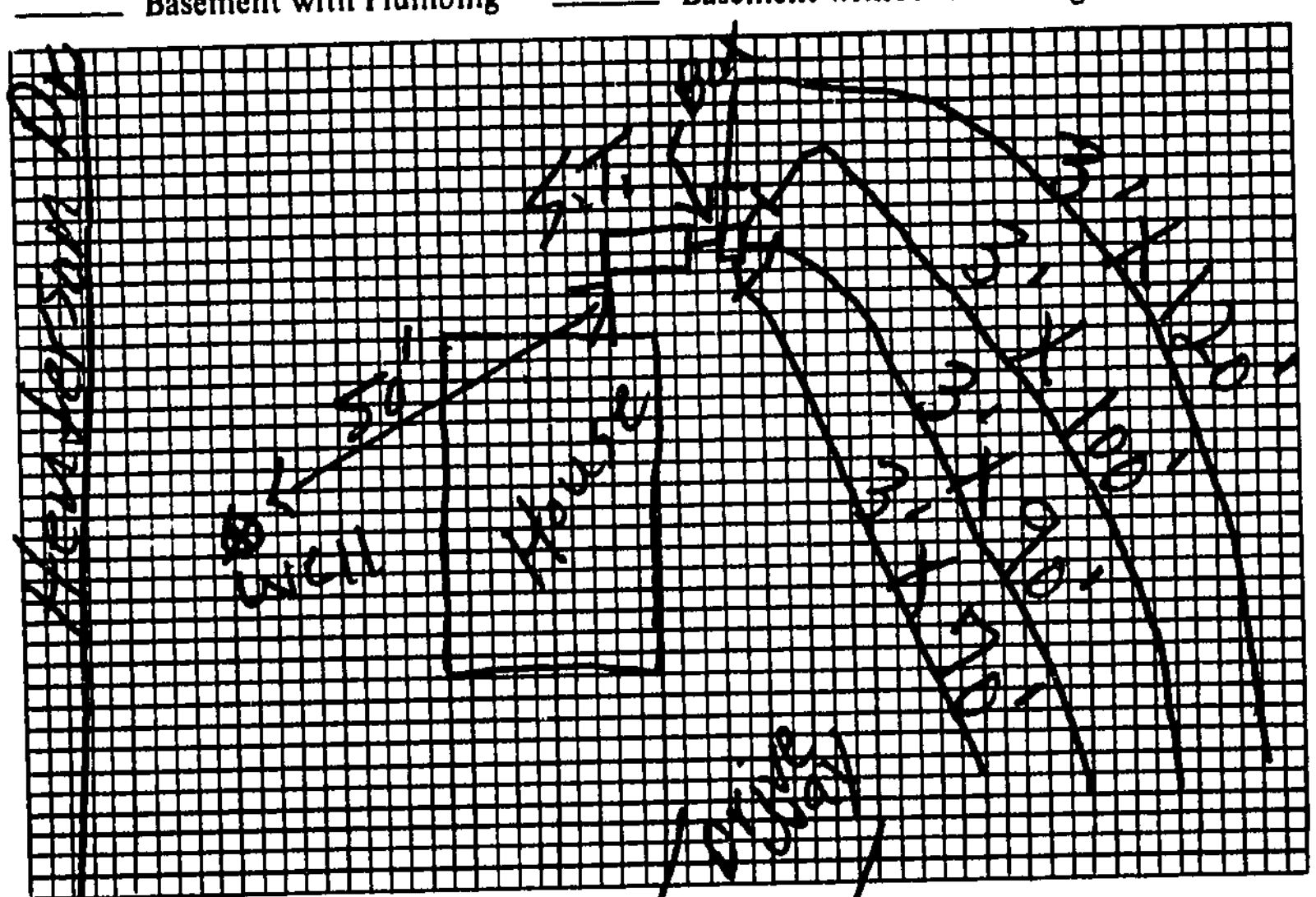
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Lot Area .99

Character & Porosity of Soil Clayey
Percolation Rate .32 gal/sq'/day
Topography 2 to 6%
Depth to Water Table 10'+
Rock or other impervious formations none

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1140 Linear Ft. 380
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by J.C. Forysth

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

Signed: ____

IMPROVEMENTS PERMIT BY J.C. Moore

COMMENTS: ____

CERTIFICATE OF COMPLETION BY J.C. Moore DATE 8-16-91

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