01122

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 Nolton Boan DATE 9-21-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Shannon Acres lot 37 Glenn Eagle West

S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 1 acre +

Character & Porosity of Soil Clayey + Saprolite

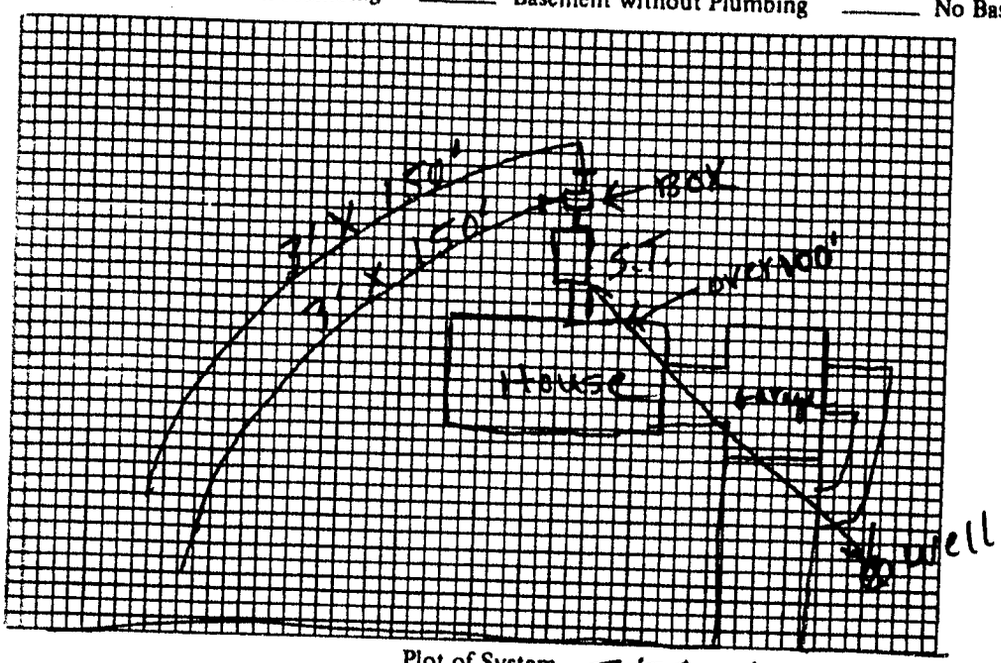
Percolation Rate .4 gal/ 55' /day

Topography 2 to 6%

Depth to Water Table 10' +

Rock or other impervious formations Some Saprolite + hard rock layers at 24 to 36"

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System Street

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 700 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Eddie Yountz+son

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

Signed: _____

IMPROVEMENTS PERMIT BY R. C. moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY R. C. moore DATE 9-21-84

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