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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 C. T. Shinn DATE 3/9/90 PERMIT NO. 4G-A-23

PHONE: Business _____ Home _____

LOCATION 115 N to Shinnville Rd TR On left 3rd House past Shinn Store S. R. No. _____

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

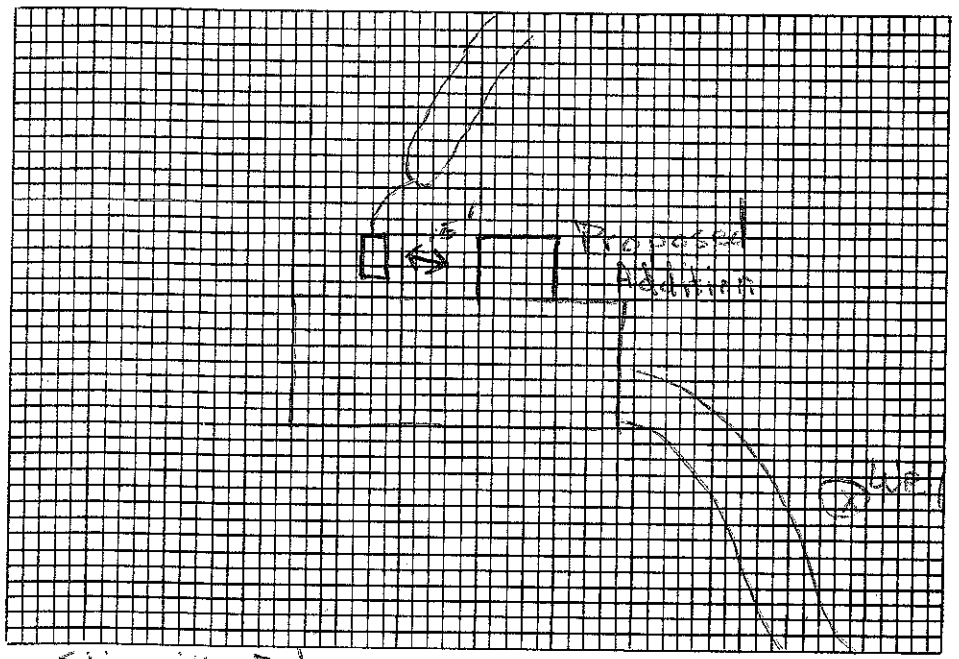
House (✓) Mobile Home ( ) Business ( ) Other Movement of tank

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes	(✓)	No	( )	Character & Porosity of Soil —
Auto. Dishwasher	Yes	(✓)	No	( )	Percolation Rate —
Auto. Wash. Machine	Yes	(✓)	No	( )	Topography —
Site Suitable	Yes	( )	No	( )	Depth to Water Table —
					Rock or other impervious formations —

Lot Area _____

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Shinnville Rd Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines —

Sq. Ft. — Linear Ft. —

Depth of Stone in Lines —

Water Supply: Individual (✓)

Public ( )

Installed by Tim Smith

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Sam Bingham EHS DATE 3/9/90

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