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 Dennis Isenhour DATE 8-11-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N. T.R. Shinnville Rd. Pass Shinn's Store ~2mi on left. 4 lots w/ M.H's. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 1 SECTION OR BLOCK NO. _____

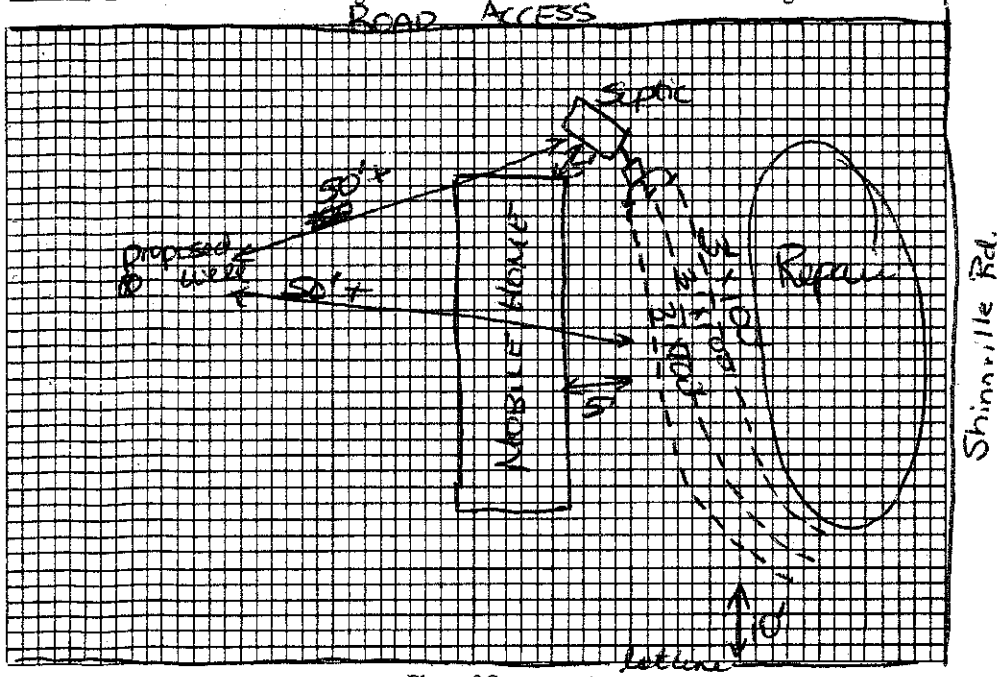
House ( ) Mobile Home ( ) Business ( ) Other _____

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 gpd/ft²
Topography 2%
Depth to Water Table 4'+
Rock or other impervious formations a few surface rock

Lot Area ~1 Acre

_____ Basement with Plumbing _____ Basement without Plumbing ___✓___ No Basement



Plot of System NTS

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Wayne Potts

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

Signed: _____

IMPROVEMENTS PERMIT BY Andrew Price / Bartley

COMMENTS: Maximize distance for well from this system and neighbors (lot 3) In no case less than 50'

CERTIFICATE OF COMPLETION BY Andrew C. Price DATE 8-11-87

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