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. TR on Shinnville Rd. Pass Shinds Store ~5mi. on left [4 mobiles home w/ Access Rd] Last M.H. on R. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 4 SECTION OR BLOCK NO. _____

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

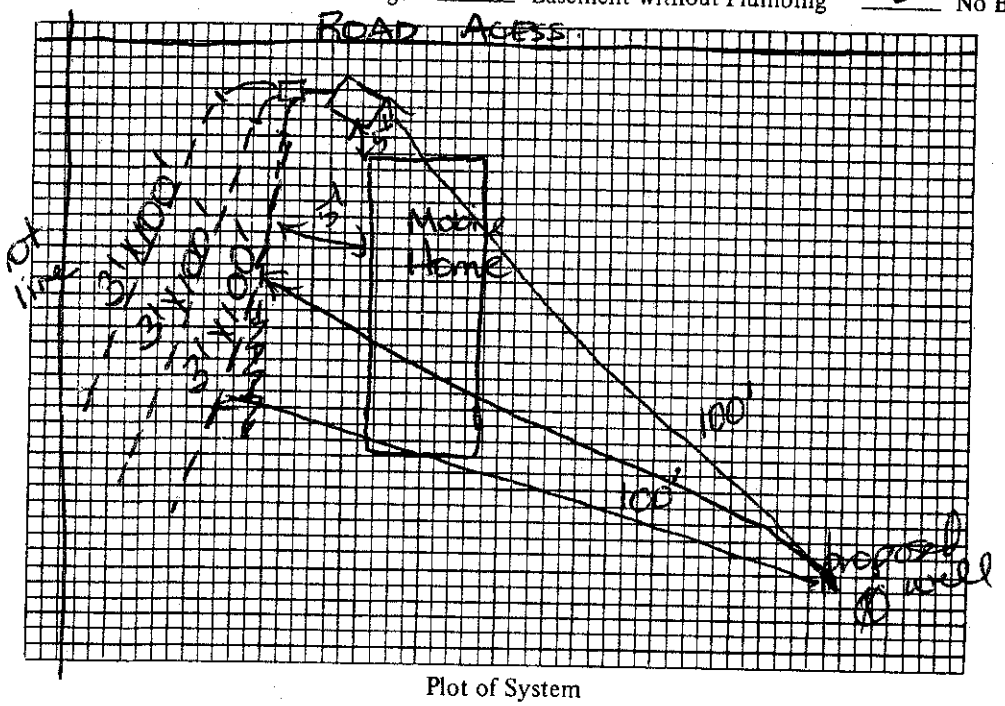
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clayey
Percolation Rate ~.4 gpd/ft²
Topography 2% - 4%
Depth to Water Table 4' +
Rock or other impervious formations none observed

Lot Area ~1 Acre

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

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 C Pierce

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C Pierce DATE 8-11-87

EXISTING SYSTEM CHECKED BY: Andrew C Pierce DATE 8-11-87

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