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 Jimmy Shives DATE 12-9-81 PERMIT NO

PHONE: Business Home

LOCATION 70E TR on Shiloh Ch Rd Cross Fork Creek Then Turn 1st left Forest Rd 1 mile on L

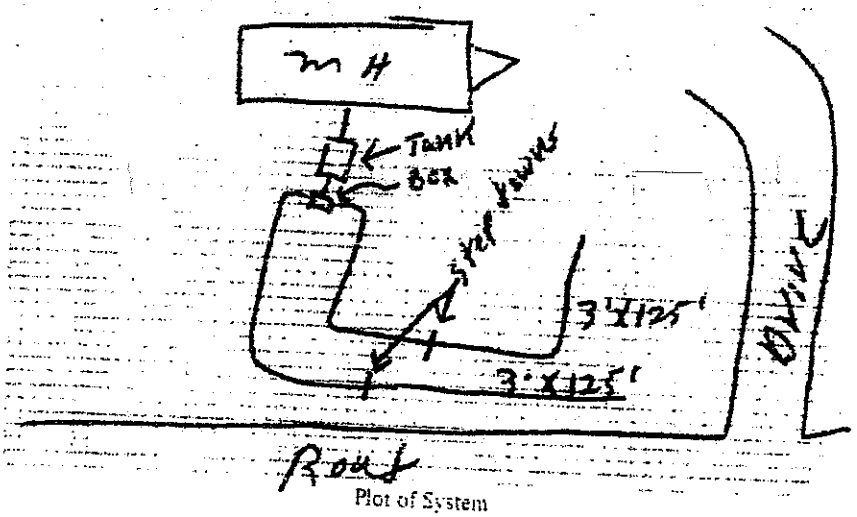
SUBDIVISION NAME LOT NO SECTION OR BLOCK NO S. R. N.

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

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Sandy Clay
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate 1 by 60
Auto. Wash. Machine	Yes (✓)	No ( )	Topography Rolling
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 10 ft
Lot Area 1 acre			Rock or other impervious formation No None

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gal.

Nitrification Field:

No. of Lines 3

Sq. Ft. 750 Linear Ft. 250

Depth of Stone in Lines 10"

Water Supply: In House ( ) Public ( ) Well next door

Installed by Sam Oswalt

I am familiar with and agree to install the septic tank system as specified in this Improvements Permit.

Signed _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY J. C. Moore DATE 12-9-81

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 if any false information is furnished on Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold