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 James E. Nader DATE 5-16-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION South End of St Cloud

S. R. No. _____

SUBDIVISION NAME Shannon Acres LOT NO. 343 + Part 344 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 4

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 45
Topography Rolling
Depth to Water Table 10'+
Rock or other impervious formations Saprolite + mottling 36"

Lot Area over 1 acre

_____ Basement with Plumbing 5th AT. Basement without Plumbing _____ No Basement

Size of Tank 1500 gal S.T. 1000 gal A.T. Gals.

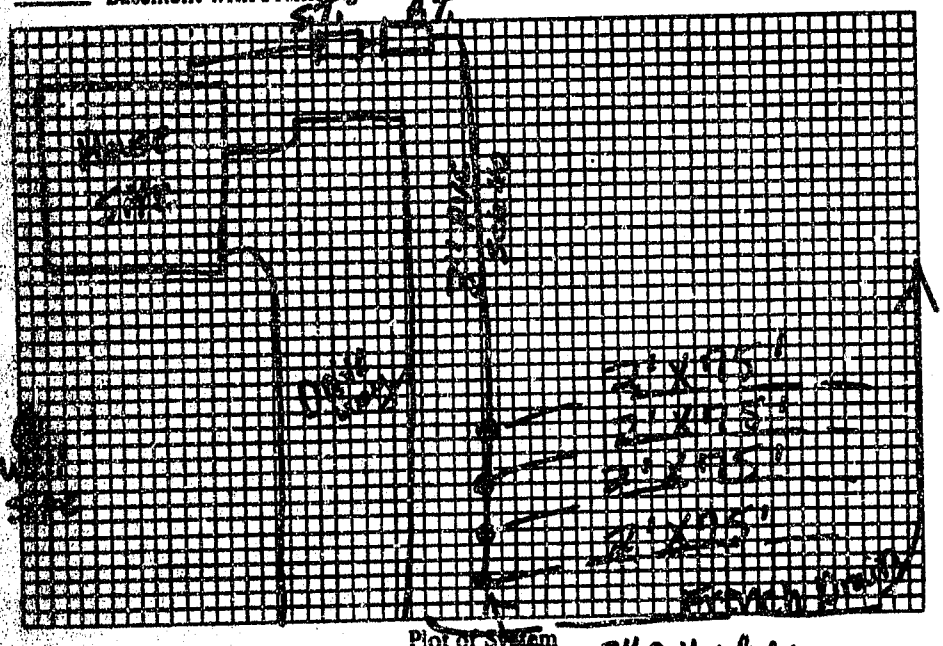
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )
300' 16" T+J Panel
Low Pressure Joint.

Installed by A&A Enterprizes

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

Signed: _____



Plot of System 2" Ball Valves

IMPROVEMENTS PERMIT BY P.C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY P.C. Moore DATE 5-16-88

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