8614

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 Michael Joines DATE 10-27-88 PERMIT NO. B-11

PHONE: Business _____ Home _____

LOCATION 415 Westchester S. R. No. _____

SUBDIVISION NAME Shannon Acres LOT NO. 197 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	Clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	3
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 to 6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+
			Rock or other impervious formations	mottling 36"

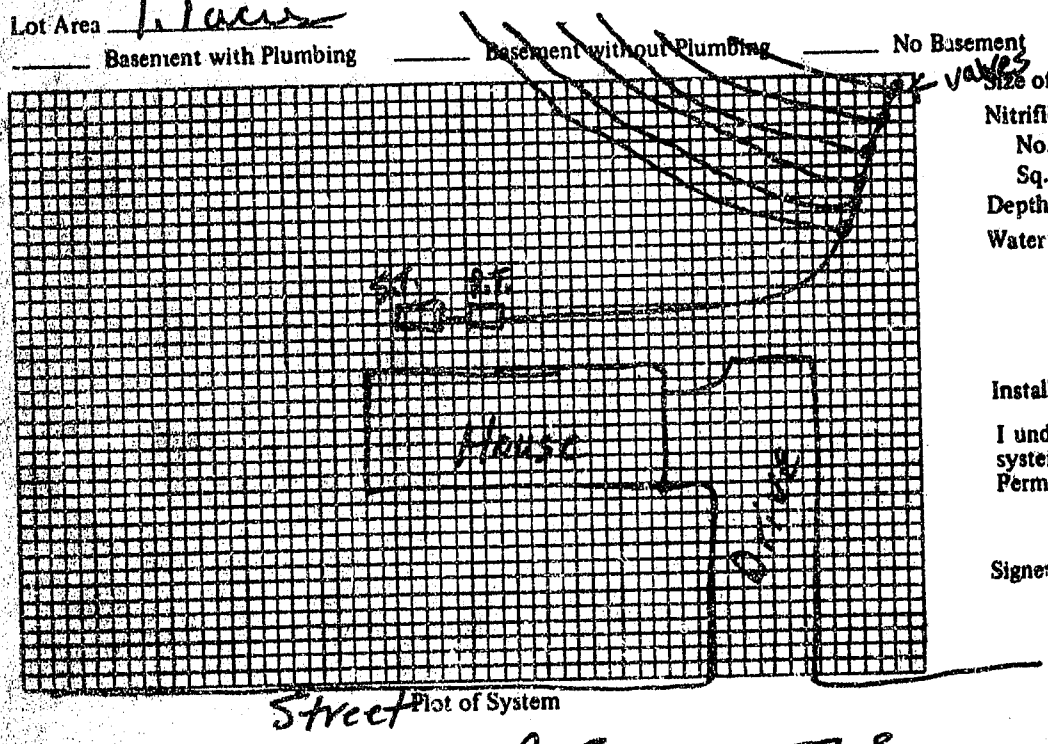
Lot Area 1.1 acres

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1250 S.T. 1000 P.T. Gals.

Nitrification Field:
No. of Lines 6
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public ( )



Plot of System

Installed by Tommy Fryar

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 10-27-88

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