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 Billy winters DATE 8-27-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION E. Broad St TR on St Andrews TR on Glenn Eagle 2nd lot on Rt. _____ S. R. No. _____

SUBDIVISION NAME Shannon acres LOT NO. 73 SECTION OR BLOCK NO. _____

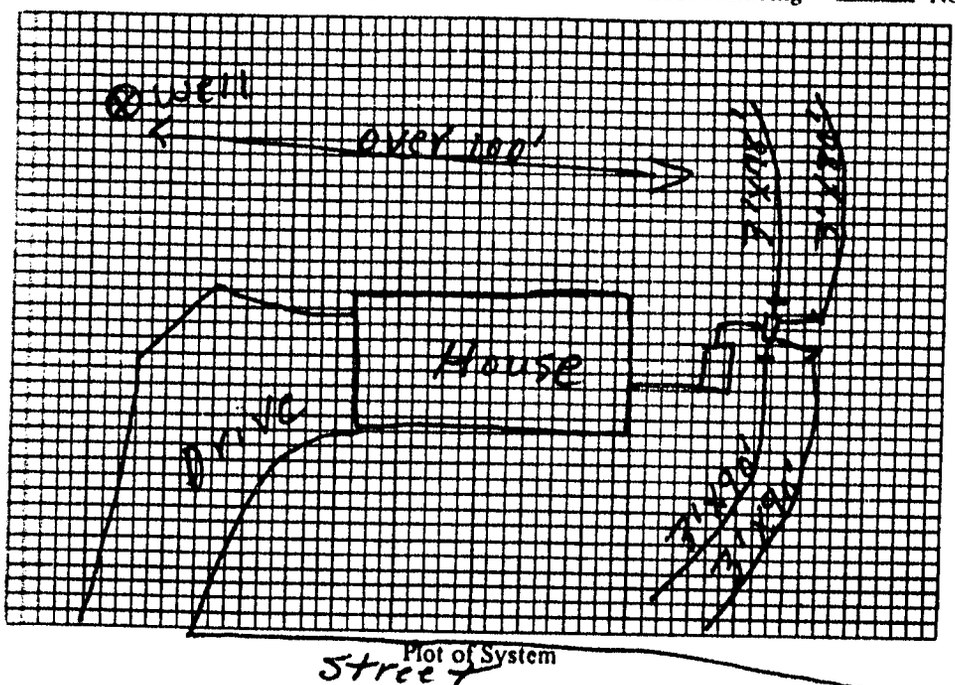
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 4

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 3/4 acre

Character & Porosity of Soil Clay loam
Percolation Rate 15
Topography 2 to 6%
Depth to Water Table 10 ft
Rock or other impervious formations none

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1014 Linear Ft. 338
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Wes Litton

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

Signed: _____

IMPROVEMENTS PERMIT BY L. C. Moore

lay-out amended 8-25-86

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 8-27-86

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