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 JOHN F. FOSTER DATE 4/19/88 PERMIT NO. _____

PHONE: Business _____ Home 528-5073

LOCATION 115-21 N TR Shinnville Rd. Pass Shinn's Rd. Cross Creek ~ 1 mile on R. S. R. No. _____

SUBDIVISION NAME Tolbert Estate LOT NO. 37/38 SECTION OR BLOCK NO. _____

~~Future~~ Temp.

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

No. Bedrooms 4 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 Clay

Percolation Rate ~.35 gpd/ft²

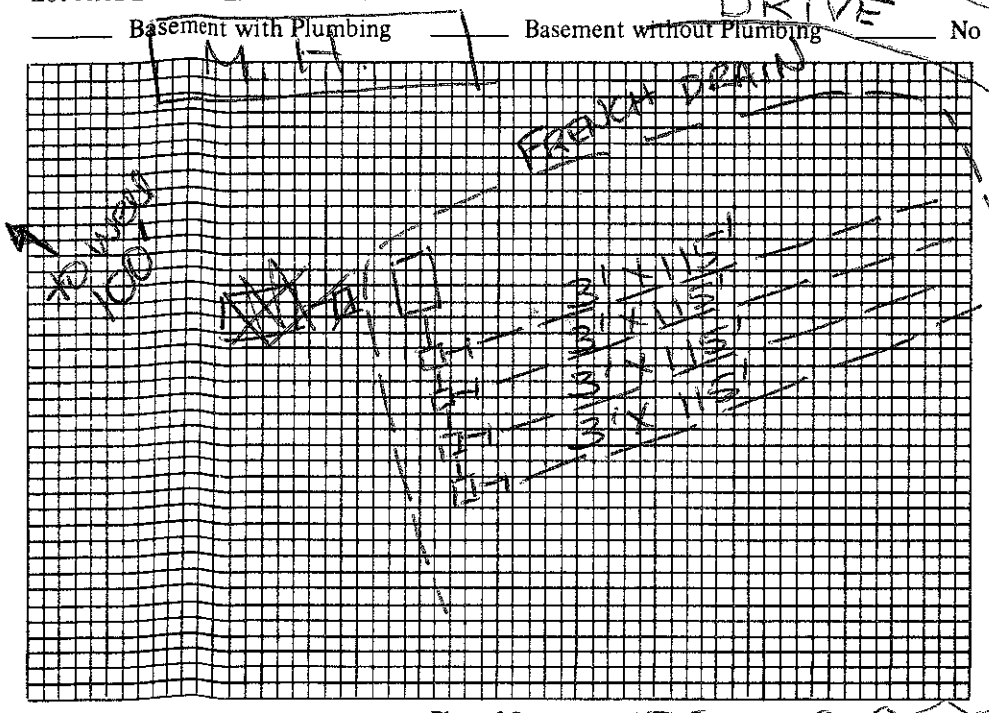
Topography 6-15%

Depth to Water Table 36" + after French Drain

Rock or other impervious formations none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System NTS.

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1360 Linear Ft. 460

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by TIM SMITH

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

Signed: _____

IMPROVEMENTS PERMIT BY Carlie C. Queen

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Carlie C. Queen DATE 4/19/88

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