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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 12/4/87 PERMIT NO. _____

PHONE: Business _____ Home 528-5073

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

SUBDIVISION NAME TOLBERT ESTATE LOT NO. 37 & 38 SECTION OR BLOCK NO. _____

FUTURE TEMPORARY

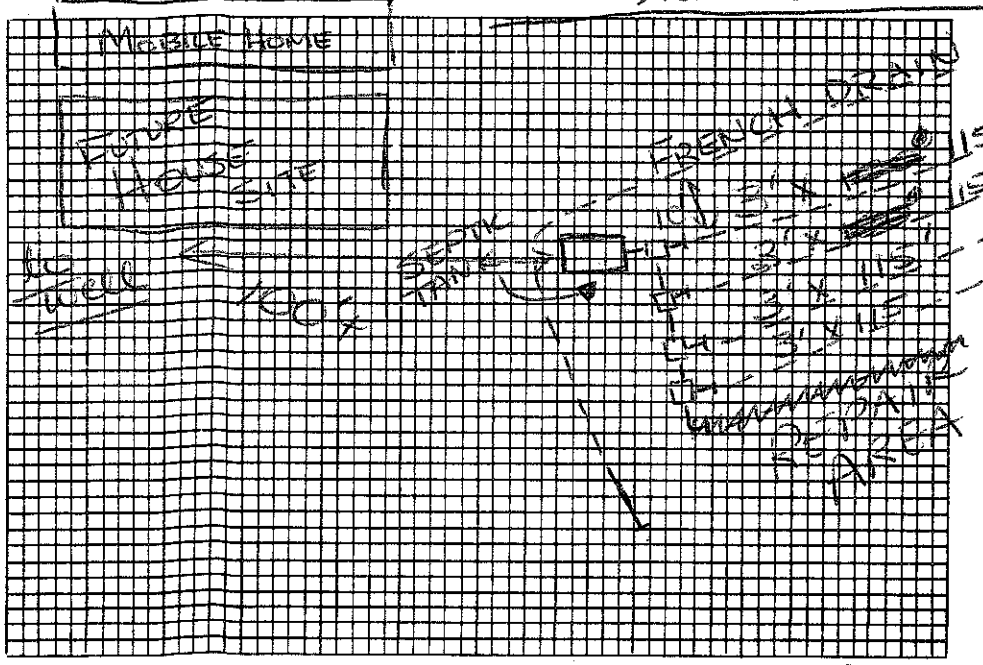
House (✓) Mobile Home ( ) Business ( ) Other _____

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 Shallow clay
Percolation Rate ~.35 gpd/ft²
Topography 6-15%
Depth to Water Table 36" + after French Drain
Rock or other impervious formations none observed

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System NOT TO SCALE

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines #4
Sq. Ft. 1380 Linear Ft. ~~460~~
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

ACP – 4 lines of 115'

Installed by _____

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

Signed: John F. Foster

IMPROVEMENTS PERMIT BY Andrew C. Price

COMMENTS: INSTALL SHALLOW SYSTEM (12" cover maximum) FRENCH DRAIN TO BE INSTALLED BEFORE APPROVAL. CALL FOR SPECS.
Called to give SPECS

CERTIFICATE OF COMPLETION BY _____ DATE _____

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