10453

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 Chris Shoobridge DATE 11-27-89 PERMIT NO. SP-A-5

PHONE: Business _____ Home _____

LOCATION 64E TR Barnyard TR Elmwood 1.8 mi TR back out in field behind EX. House S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

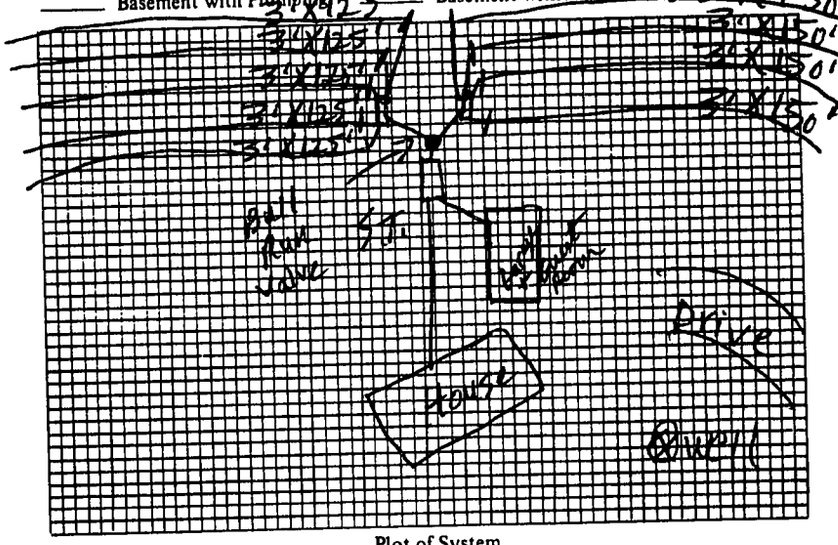
No. Bedrooms 4 No. Bathrooms 3

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 1/2 gal / 3-5' Hour
Topography 2 to 10%
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area 2.3 acres

_____ Basement with Plumbing 3'X25' Basement without Plumbing 3'X30' No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 9
Sq. Ft. 3600 Linear Ft. 1200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: C. D. Shoobridge

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: Run Drain lines no deeper than 24" deep Sow back over with Grass

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