Tim Shoemaker

39553

IREDELL COUNTY HEALTH DEPARTMENT

11219

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G..S. Chapter 130-Article 13C)

PART OF

OWNER OR CONTRACTOR TIM SHOEMAKER DATE 3/26/91 PERMIT NO. 12H-A-95

PHONE: Business _____ Home _____

LOCATION US 21 N, TR MT BETHEL RD, TR MARSHALL FARM RD 1ST DRIVE ON (R) MH OFF RD. S. R. No. _____

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

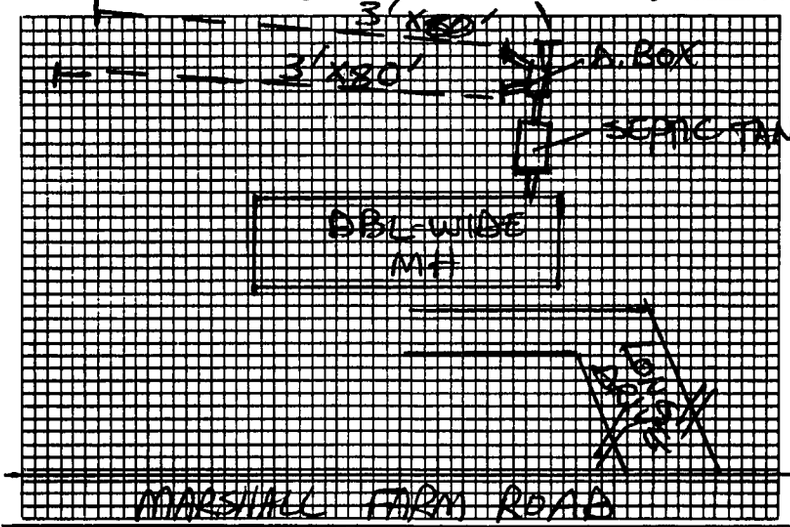
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3	No. Bathrooms 2	Character & Porosity of Soil	PS
Garbage Disposal Unit	Yes ( ) No (✓)	Percolation Rate	5
Auto. Dishwasher	Yes ( ) No (✓)	Topography	2-10%
Auto. Wash. Machine	Yes (✓) No ( )	Depth to Water Table	10'+
Site Suitable	Yes (✓) No ( )	Rock or other impervious formations	NONE

Lot Area ~~1.23 AC~~ — 3 BR

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement

ACP 2/27/91



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by WAYNE POTTS

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

Signed: _____

IMPROVEMENTS PERMIT BY DARREN WEAVER

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 3/26/91

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