00779

James M. Shinn contractor

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 James M. Phelps DATE 6-27-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 2 1/2 - Thru Statesville: TL on SR 1845 (Sam Ch. Rd) TL on SR 1887 (Crockett Rd) Go approx 1 1/4 mile TL into private drive house in edge of woods

SUBDIVISION NAME _____ LOT NO. _____ S. R. No. _____ SECTION OR BLOCK NO. _____

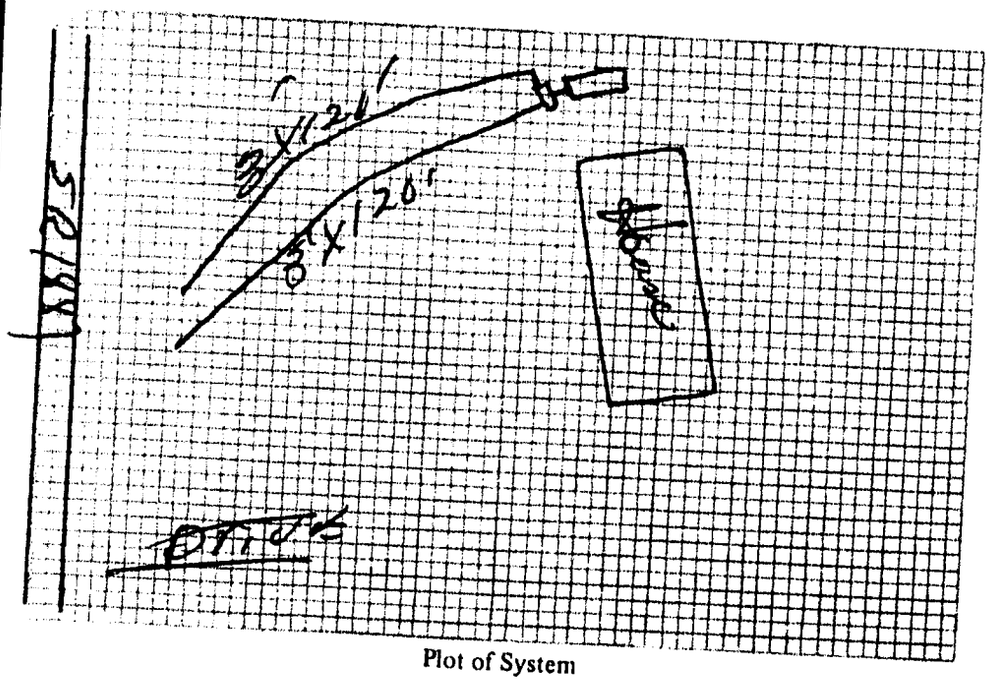
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area 21.5 Acres

Character & Porosity of Soil Loyd - Por. Sandy
Percolation Rate 5 Min by Stopwatch
Topography 2 to 8% slope
Depth to Water Table 18"
Rock or other impervious formations Scattered Rock



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Henry Rep

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY James M. Shinn DATE 6/27/84

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