1023

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 Larry Shuey DATE 2-25-89 PERMIT NO. C-4

PHONE: Business _____ Home _____

LOCATION Barringer - 21 - Turn right before Lowell Bridge Rd S. R. No. _____

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

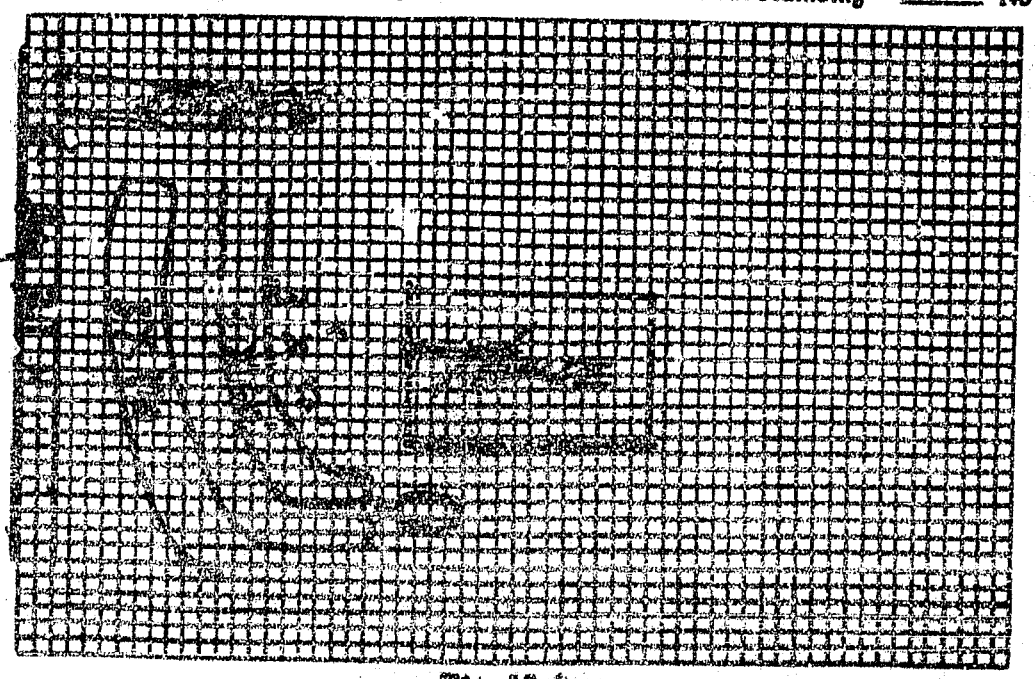
House (✓) Mobile Home ( ) Business ( ) Other Lot Add to Existing Home

No. Bedrooms 2 No. Bathrooms 1 1/2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Red Saprolite	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	25	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 - 6%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'	
			Rock or other impervious formations	None	

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 220 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (•)

Public ( )

Installed by Brian Sept Inc

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

Signed: _____

Plot of System

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 11-29-89

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