

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 Gene Haire DATE 10-2-91 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Shoemaker Dr. S. R. No. _____

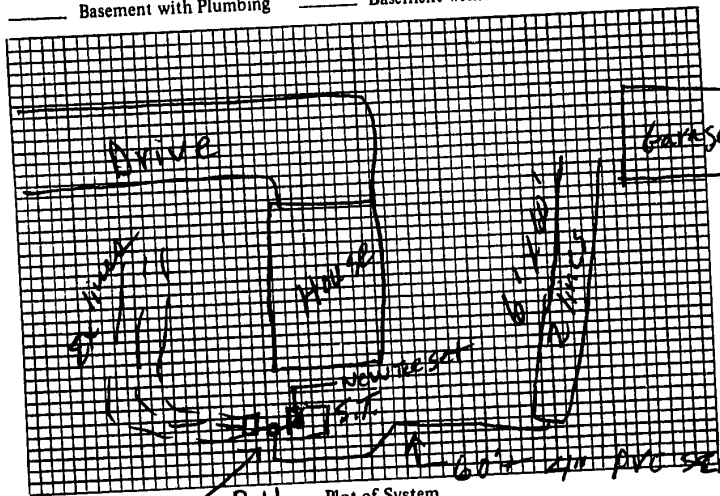
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House Mobile Home () Business () Other Repair

No. Bedrooms _____ No. Bathrooms _____
 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 14
 Topography 2 to 6%
 Depth to Water Table 10 ft
 Rock or other impervious formations none

Lot Area _____
 _____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank EX. Gals.
 Nitrification Field: 2
 No. of Lines _____
 Sq. Ft. 360 Linear Ft. 120
 Depth of Stone in Lines 12"
 Water Supply: Individual ()
 Public

Installed by Robin Shoak

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

Signed: _____

IMPROVEMENTS PERMIT BY J.C. Moore

COMMENTS: New lines are on No. 1 on valve
Switch ~ every 6 mos.

CERTIFICATE OF COMPLETION BY J.C. Moore DATE 10-2-91

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