04959

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: DAVID YOUNG DATE: 7-2-86 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION: Hwy 64-70 west - 3/4 mi. past white oaks - T.L. on Shady Rest Rd. - T.R. on Suzanne Lane - 3/8 mi. on left.

SUBDIVISION NAME: SHADY REST ACRES S. R. No. ______

LOT NO. 18 SECTION OR BLOCK NO. ______

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

No. Bedrooms: 2 No. Bathrooms: 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area: Ample

Character & Porosity of Soil: Prov. Suitable.

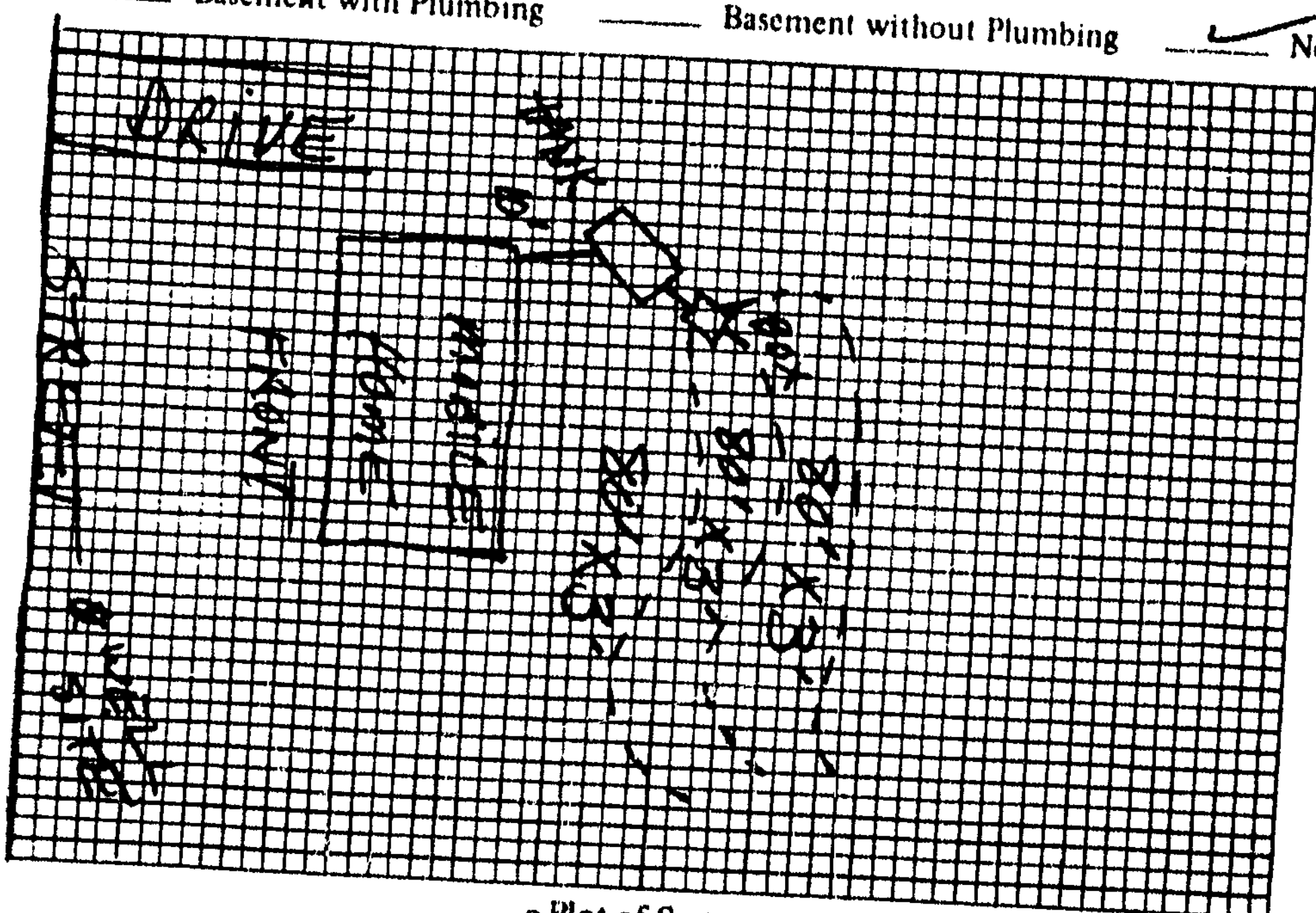
Percolation Rate: .5 gal./sq. ft.

Topography: 2-6%

Depth to Water Table: 10'+

Rock or other impervious formations: none observed.

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



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: Kenneth Chaffin

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

Signed: ______

IMPROVEMENTS PERMIT BY: Steve Brown

COMMENTS: ______

CERTIFICATE OF COMPLETION BY: Steve Brown DATE: 7-2-86

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