11030.

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 MELVIN HEDRICK DATE 3-12-90 PERMIT NO. 8J-4-C-16.

PHONE: Business _____ Home _____

LOCATION Hwy 70 W past White Oaks T.L. on Shady Rest Rd. - T.R. on Susan Dare - ¼ mi on left S. R. No. _____

SUBDIVISION NAME SHADY REST ACRES. LOT NO. _____ SECTION OR BLOCK NO. _____

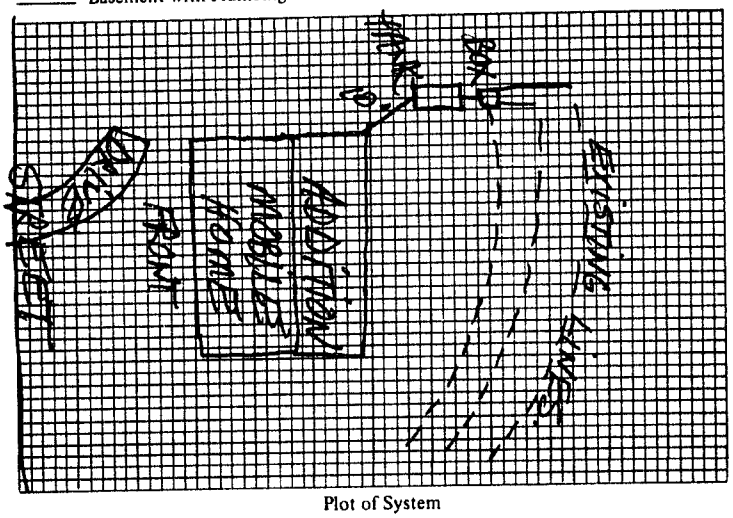
House ( ) Mobile Home (L) Business ( ) Other Additions to mobile Home,

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (L)	Character & Porosity of Soil	EXISTING SEPTIC
Auto. Dishwasher	Yes ( )	No (L)	Percolation Rate	
Auto. Wash. Machine	Yes (L)	No ( )	Topography	
Site Suitable	Yes (L)	No ( )	Depth to Water Table	TANK SYSTEM.
			Rock or other impervious formations	

Lot Area EXISTING.

_____ Basement with Plumbing _____ Basement without Plumbing L No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual (L)
Public

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing septic tank system functioning properly at the time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Steve Brown DATE 3-12-90

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