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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 1-8-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 64-W west approx. 3/4 mi. past White Oaks – T.L. on Shady Rest Dr. – T.R. on Dogwood Lane – approx. 3/8 mi. on Left. S. R. No. 8

SUBDIVISION NAME SHADY REST DEV. LOT NO. 15 SECTION OR BLOCK NO. _____

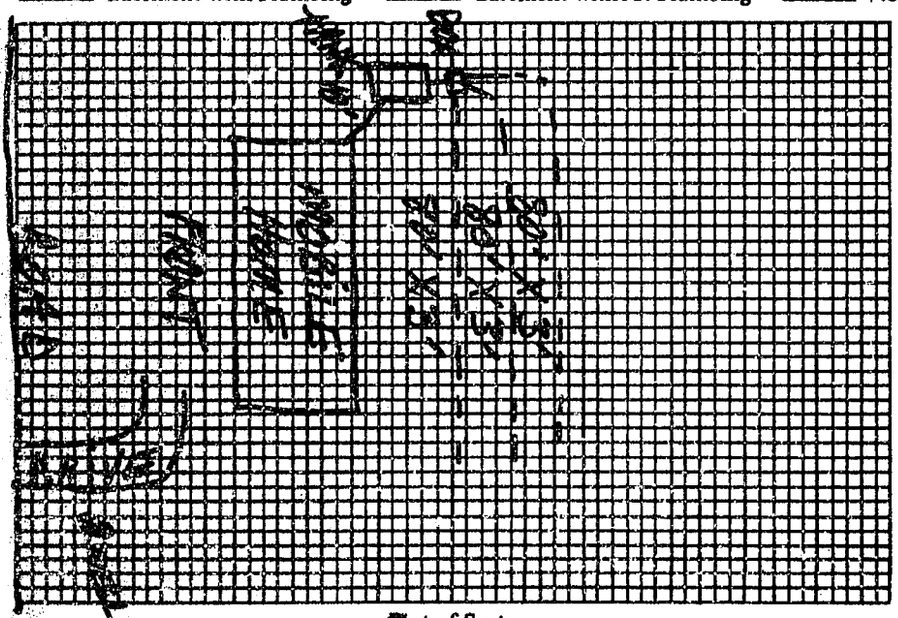
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Prov. Suitable.	
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	5 sq/sq. ft.	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-10%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	18+	
			Rock or other impervious formations	none observed.	

Lot Area Ample

_____ 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 J. C. Forsyth

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 1-8-87

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