10205

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 Tivis E. Cox DATE 7-24-89 PERMIT NO. A14

PHONE: Business _____ Home _____

LOCATION Hwy 64 - Tompkins Store Rd - ½ mi. Rt. on Shady Rest Rd. - 1st R. before end of mi. on Rt.

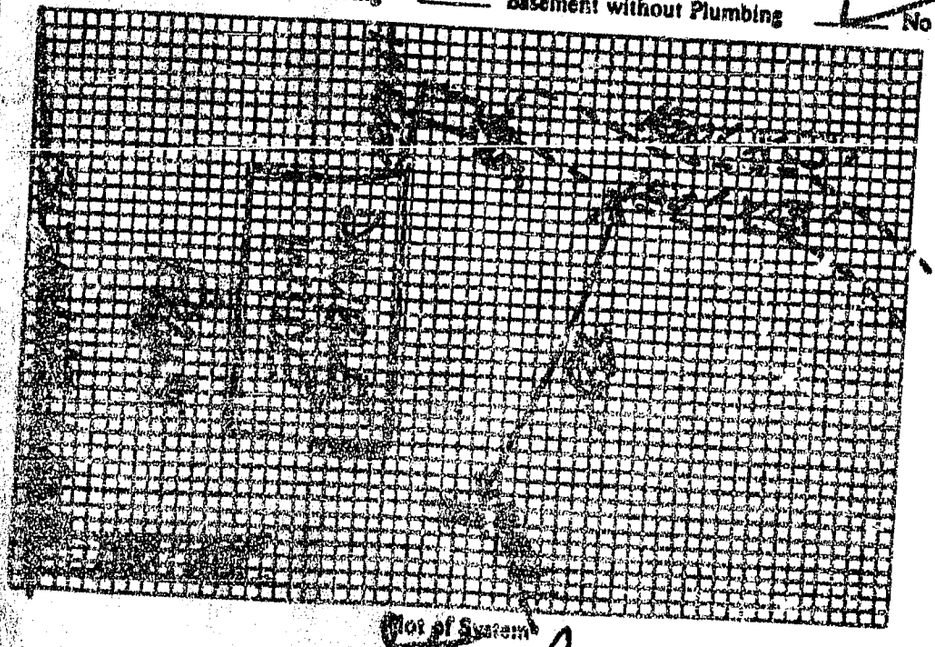
SUBDIVISION NAME Shady Rest Dev. LOT NO. 12 S. R. No. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Fair Suitable
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	30 min/in
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'
Lot Area 2.5 acres.			Rock or other impervious formations	not encountered

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Dennis Hollifield

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

EXISTING SYSTEM CHECKED BY: _____ DATE 7-26-89

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

DATE _____

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