11806.

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 JUDY BOST DATE 8-1-90. PERMIT NO. 8J-4-D-4.

PHONE: Business LINKAUS COX HOME PROPERTY

LOCATION Hwy 70W - 1/2 mi. past White Oaks - T.L. on Shady Rest Rd. - T.R. on Dogwood Lane - 1/4 mi. on R. S. R. No.

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

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

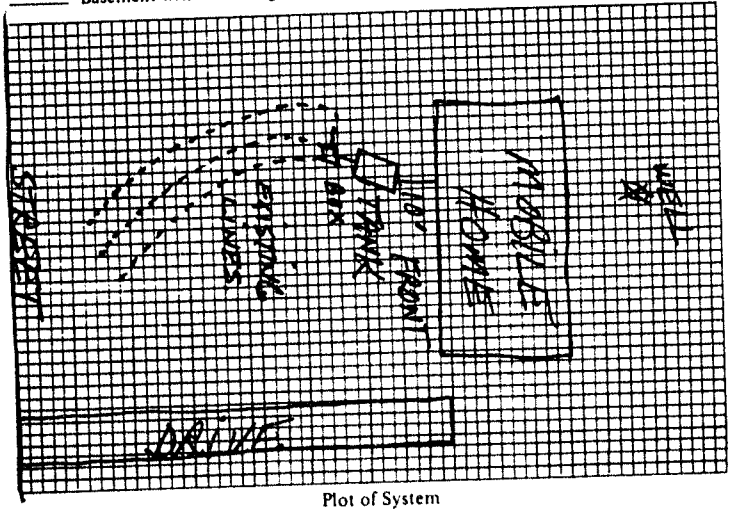
No. Bedrooms ____ No. Bathrooms ____

Garbage Disposal Unit	Yes ( )	No ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area 1.3 acres.

Character & Porosity of Soil EXISTING SEPTIC
Percolation Rate
Topography
Depth to Water Table TANK SYSTEM.
Rock or other impervious formations

____ Basement with Plumbing ____ Basement without Plumbing ✓ 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 (✓)
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 8-1-90.

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