05383

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 DEBRA LIKINS DATE 9-25-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 64-70 west - 3/4 mi. past White Oaks - T.L. on Shady Rest Rd. - then T.R. on Suzanne Dr. - approx. 1/4 mi. on left. F. R. No. _____

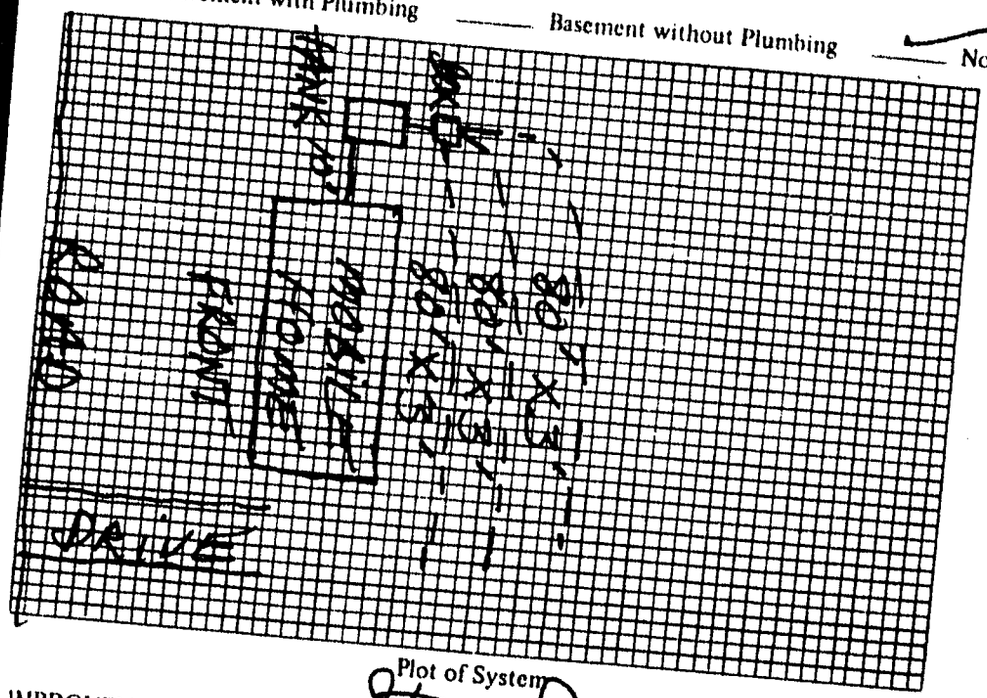
SUBDIVISION NAME SHADY REST ACRES LOT NO. 14 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Prev. Suitable.
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate 5 mpi / sq. ft.
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2-8%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 15'+
Lot Area Ample			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 (1)

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

EXISTING SYSTEM CHECKED BY: _____ DATE 9-25-86.

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