11247.

IREDELL COUNTY HEALTH DEPARTMENT

36639

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR BOB HARTNESS DATE 3-23-90 PERMIT NO. 8J-4-C-12413

PHONE: Business _____ Home _____

LOCATION Hwy 70 W - 3/4 mi. past White Oak - T.L. on Shady Rest Rd. then T.R. on Suzanne Trail - 1/4 mi. on left. S. R. No. _____

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

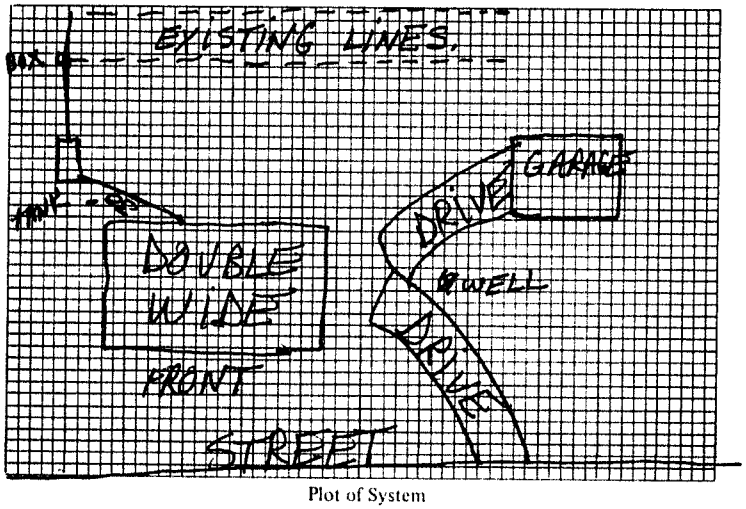
House ( ) Mobile Home (DOUBLEWIDE) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area 2.16 acres.

_____ 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 3-23-90.

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