05506

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 CLARENCE STALEY

PHONE: Business ______ Home ______ DATE 11-10-86. PERMIT NO. ______

LOCATION Hwy 64-70 west - 3/4 mi. past White Oaks - T.L. on Shady Rest Rd. - T.R. on Suzanne Lane - 1/10 mi. on (R).

SUBDIVISION NAME SHADY REST ACRES ______ S. R. No. ______

LOT NO. 8 SECTION OR BLOCK NO. ______

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

No. Bedrooms 2 No. Bathrooms 2

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

Lot Area 150' X 487'

Character & Porosity of Soil Prov. Suitable.

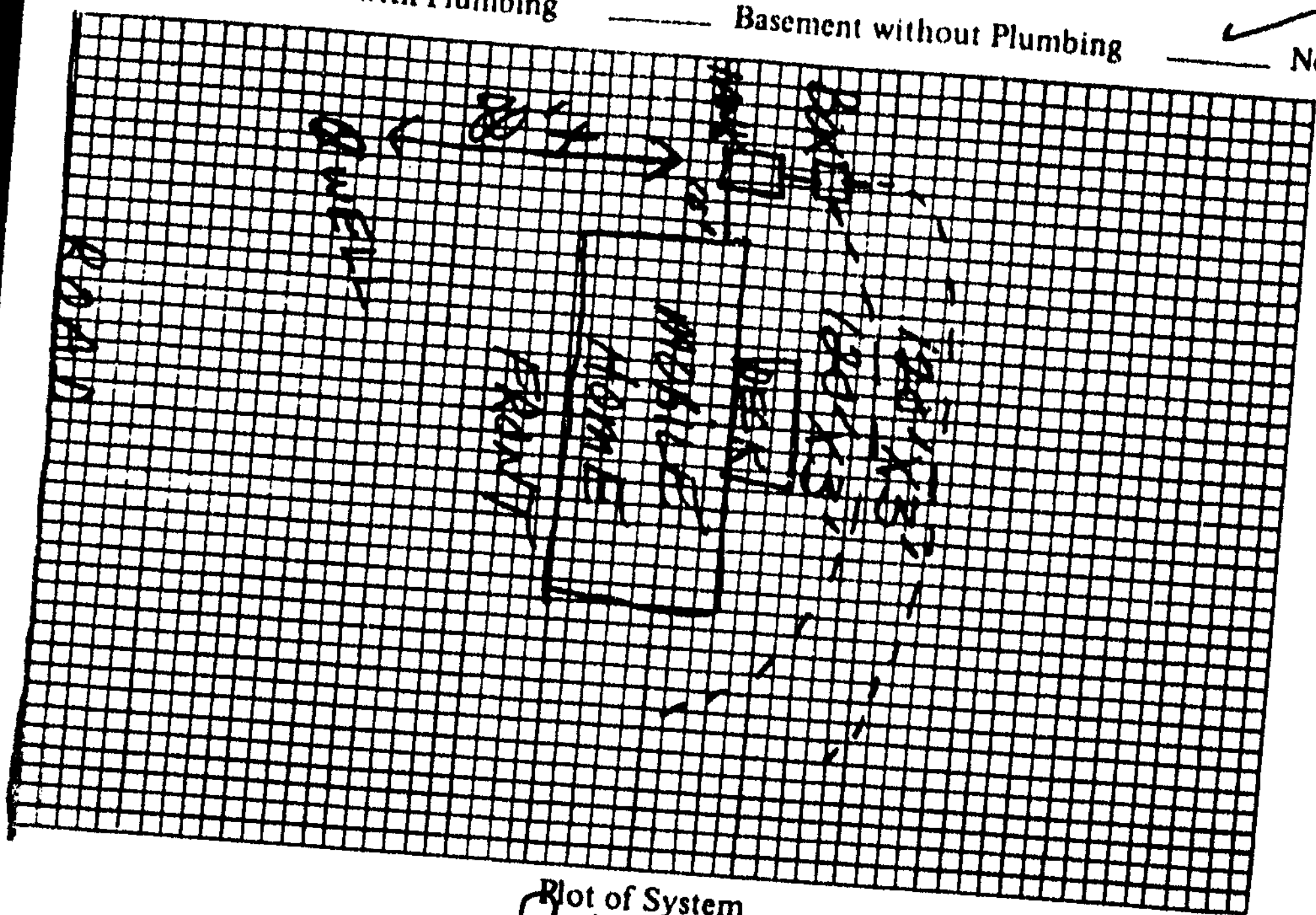
Percolation Rate .5 gal/sq. ft

Topography 2-6%

Depth to Water Table 10'+

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 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

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 11-10-86.

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