IREDELL COUNTY HEALTH DEPARTMENT 4730 71 1496

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

OWNER OR CONTRACTOR Joe Plyler DATE Aug 31, 1983 PERMIT NO. 297

PHONE: Business _____ Home _____

LOCATION 150 W TR 1303 TR into Shady Cove
2nd Drive on Rt

SUBDIVISION NAME Shady Cove LOT NO. 15 SECTION OR BLOCK NO. _____ S. R. No. _____

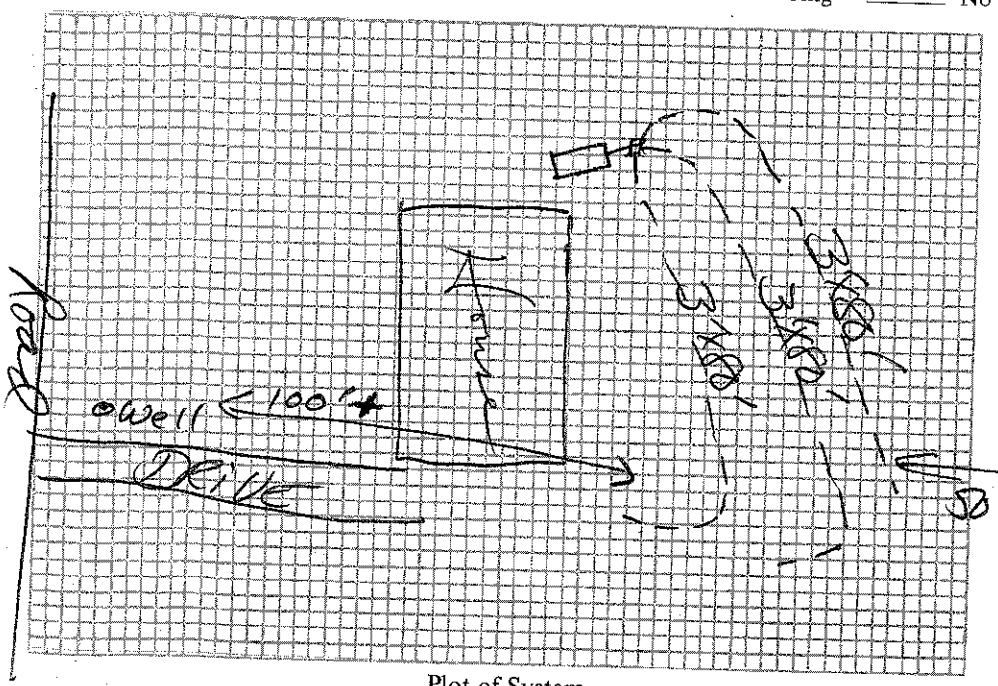
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay Loam
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	5 Approx
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Rolling
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'
			Rock or other impervious formations	None Obs

Lot Area ½ Ac

_____ 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 ( )

Installed by Eddie Grant

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY DRT

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Turner DATE 8-3-83

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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