IREDELL COUNTY HEALTH DEPARTMENT 4730 80 1772

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

OWNER OR CONTRACTOR Piggy Parke DATE 2-25-82 PERMIT NO. 29

PHONE: Business _____ Home _____

LOCATION 1303 N. Tc 1439 Tc .3 mile atend on Rt. S. R. No. _____

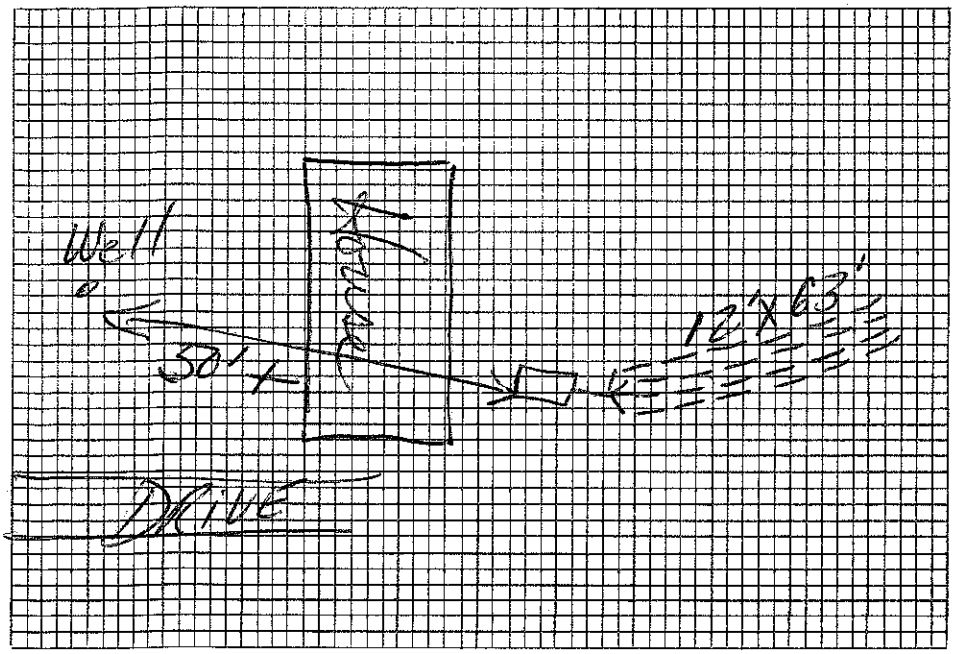
SUBDIVISION NAME Shady Cove LOT NO. 30 SECTION OR BLOCK NO. II

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	280 mpf	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	6-8%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	sunk.	
Lot Area 20000 ft2+			Rock or other impervious formations	none obs.	

_____ Basement with Plumbing _____ ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16"

Water Supply: Individual (✓)
Public ( )

Installed by Arnie Duncan

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R Hinson DATE 2-25-82

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