IREDELL COUNTY HEALTH DEPARTMENT 4730 81 1534

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

OWNER OR CONTRACTOR Triangle Construction DATE 1-7-83 PERMIT NO. 13

PHONE: Business _____ Home _____

LOCATION 1303 N. on left before Skippers Landing

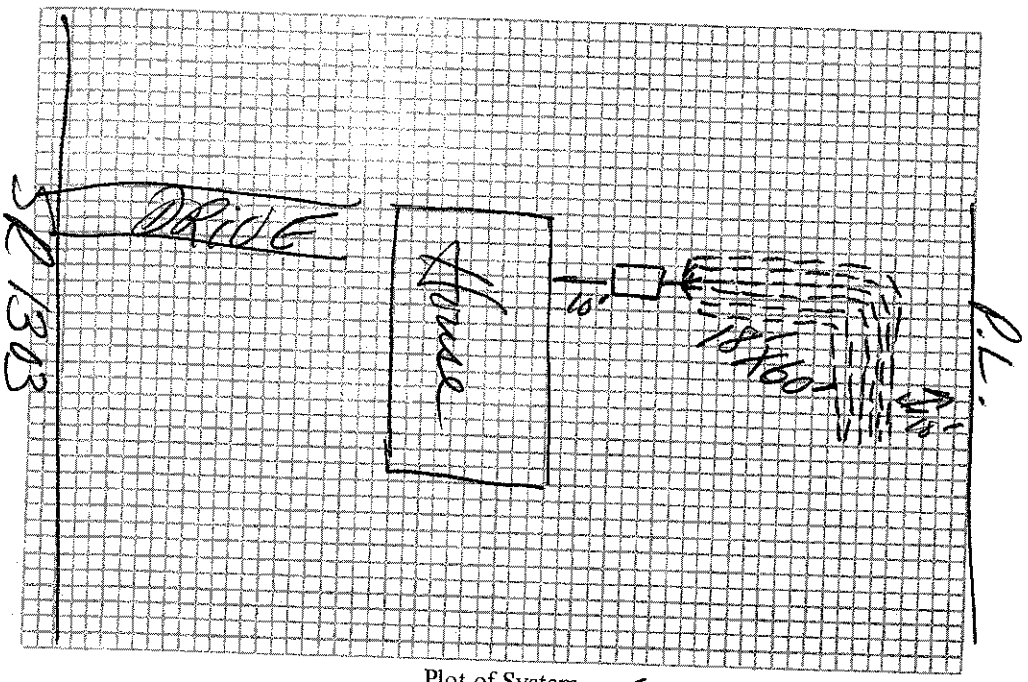
SUBDIVISION NAME Shady Cove LOT NO. 10 SECTION OR BLOCK NO. II S. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay loam
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	15
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	8-10%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	unk.
Lot Area ~20000 SF			Rock or other impervious formations	none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 6
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by [signature]
I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: Well not down yet

CERTIFICATE OF COMPLETION BY _____ DATE _____
EXISTING SYSTEM CHECKED BY: [signature] DATE 1-7-83

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