IREDELL COUNTY HEALTH DEPARTMENT 4730 81 3132

(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 8-5-83 PERMIT NO. 265

PHONE: Business _____ Home _____

LOCATION 150 W R1303 on left ~1/4 mile past jct. w/ 1314

S. R. No. _____

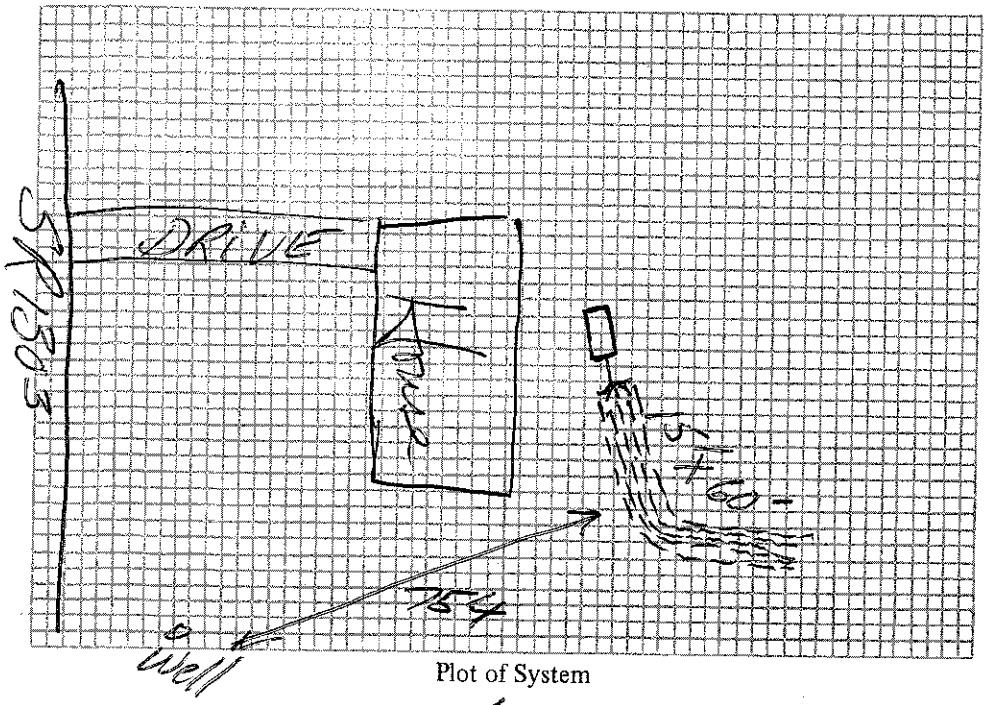
SUBDIVISION NAME Shady Cove LOT NO. 6 SECTION OR BLOCK NO. II

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	6	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	8-10%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	6'+	
Lot Area ~26000 ft²			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 5
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"+

Water Supply: Individual (✓)
Public ( )

Installed by Sam Ostwalt

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 8-5-83

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