IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR KENNETH MORRISON DATE 3-18-92. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Island Ford Rd. west of Bradfords x Rds. - T.L. on Goble Rd. go 3 mi. + T.L. on long dirt drive - go to end on left. S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House [X] Mobile Home [ ] Business [ ] Other Repair.

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes [ ] No [X]

Auto. Dishwasher Yes [ ] No [X]

Auto. Wash Machine Yes [X] No [ ]

Lot Area Ample.

Soil Characteristics _____

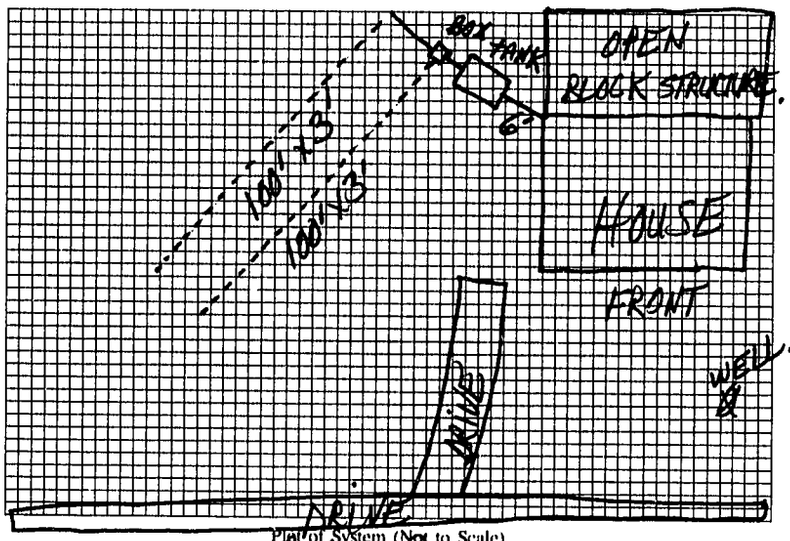
Application Rate _____

Topography _____

Depth to Water Table Repair.

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank NEW 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual [X]

Public [ ]

Installed by Kenneth Morrison

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Steve Brown

COMMENTS _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 3-18-92.

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold