IREDELL COUNTY HEALTH DEPARTMENT 4626424585

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

OWNER OR CONTRACTOR Thomas R. Stevenson DATE 10-19-84 PERMIT NO. 376

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 TR Seagrove TL Lakeload lot on R on R

SUBDIVISION NAME Holiday Habor LOT NO. 34 SECTION OR BLOCK NO. _____ S. R. No. _____

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

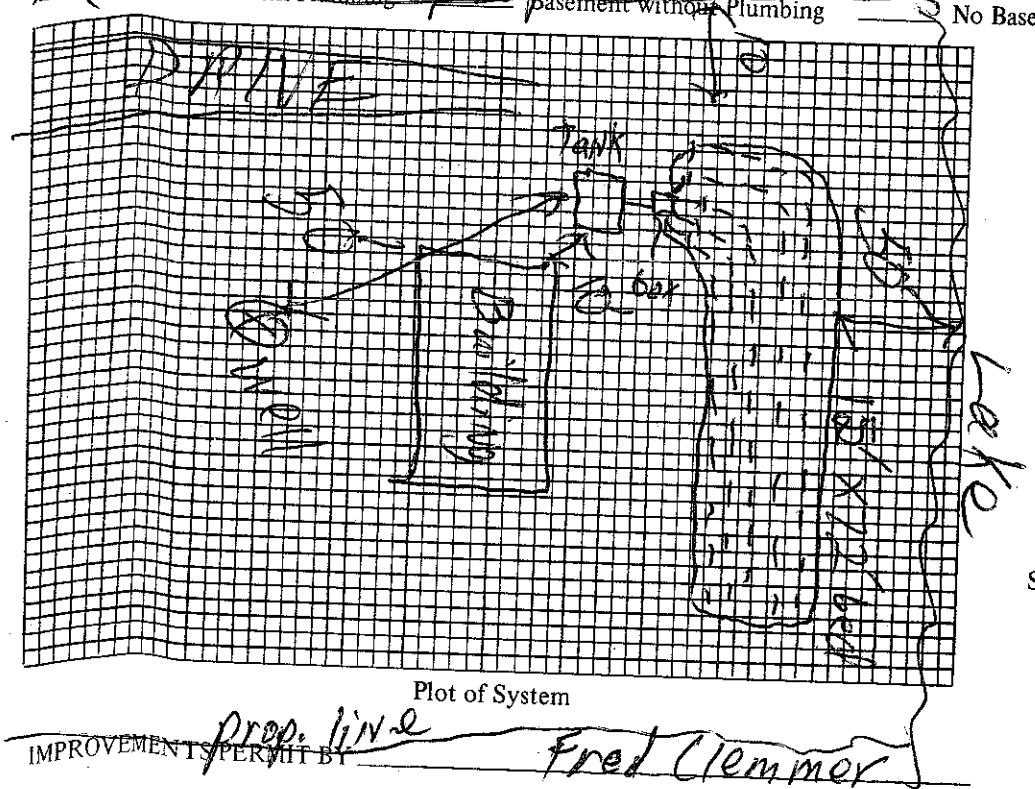
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (X)	No ( )	
Auto. Dishwasher	Yes (X)	No ( )	
Auto. Wash. Machine	Yes (X)	No ( )	
Site Suitable	Yes (X)	No ( )	

Lot Area 20,000+/-sq ft

Character & Porosity of Soil clay loams
Percolation Rate 0.5 gpd/sq ft/day
Topography 10-15% grade
Depth to Water Table _____
Rock or other impervious formations None obs.

( ) Basement with Plumbing prop line Basement without Plumbing ( ) No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY prop. line Fred Clemmer

COMMENTS: seal the d-box

CERTIFICATE OF COMPLETION BY Charles K. Baynett DATE 10-19-84

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