# IREDELL COUNTY HEALTH DEPARTMENT

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

OWNER OR CONTRACTOR Jay Blackwelder DATE 12-9-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION State Park Rd to morrison Farm Rd go all the way to end left at Forks back of circle 7th on gravel 5th at end S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2

| | | | | | |
|---|---|---|---|---|---|
| Garbage Disposal Unit | Yes | (✓) | No | ( ) |
| Auto. Dishwasher | Yes | (✓) | No | ( ) |
| Auto. Wash. Machine | Yes | (✓) | No | ( ) |
| Site Suitable | Yes | (✓) | No | ( ) |

Lot Area 1 Acre

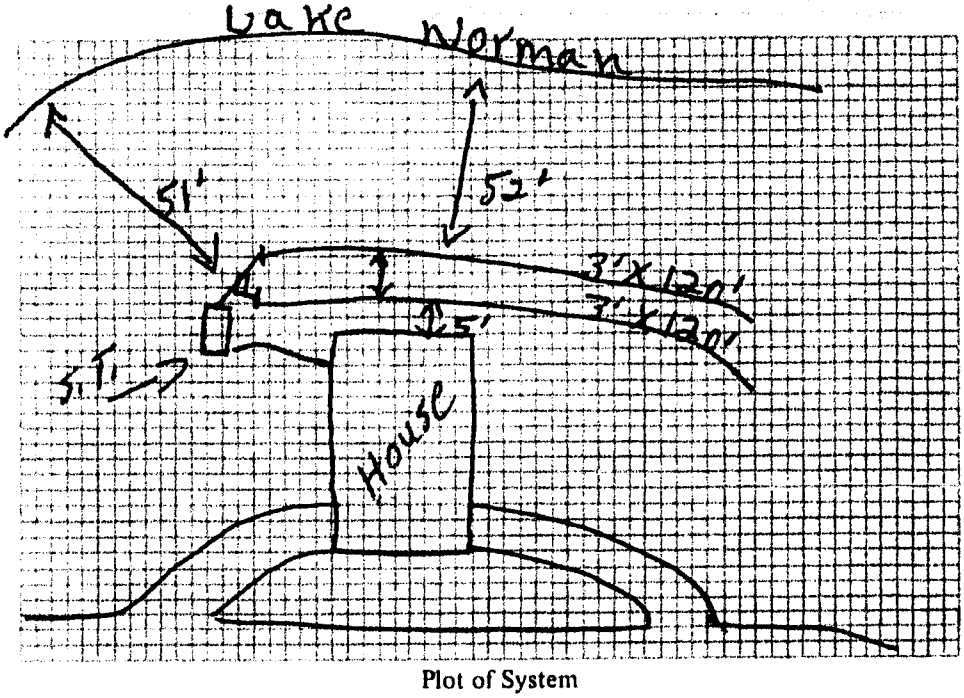
Character & Porosity of Soil Clay loam

Percolation Rate 1 5 gal/55 1/4 day

Topography 2 to 6%

Depth to Water Table bottom of ditch is 2'5" above 760 Elv.

Rock or other impervious formations none




Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Robert Hoke

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 12-9-83

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