01508

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 MARK KISER DATE 10-15-84 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION Morrison Farm Rd - Off State Park Rd, go approx. 2 miles - T.R. on Mary's Lane go to 2nd hill - house on left at access drive. S. R. No. ____

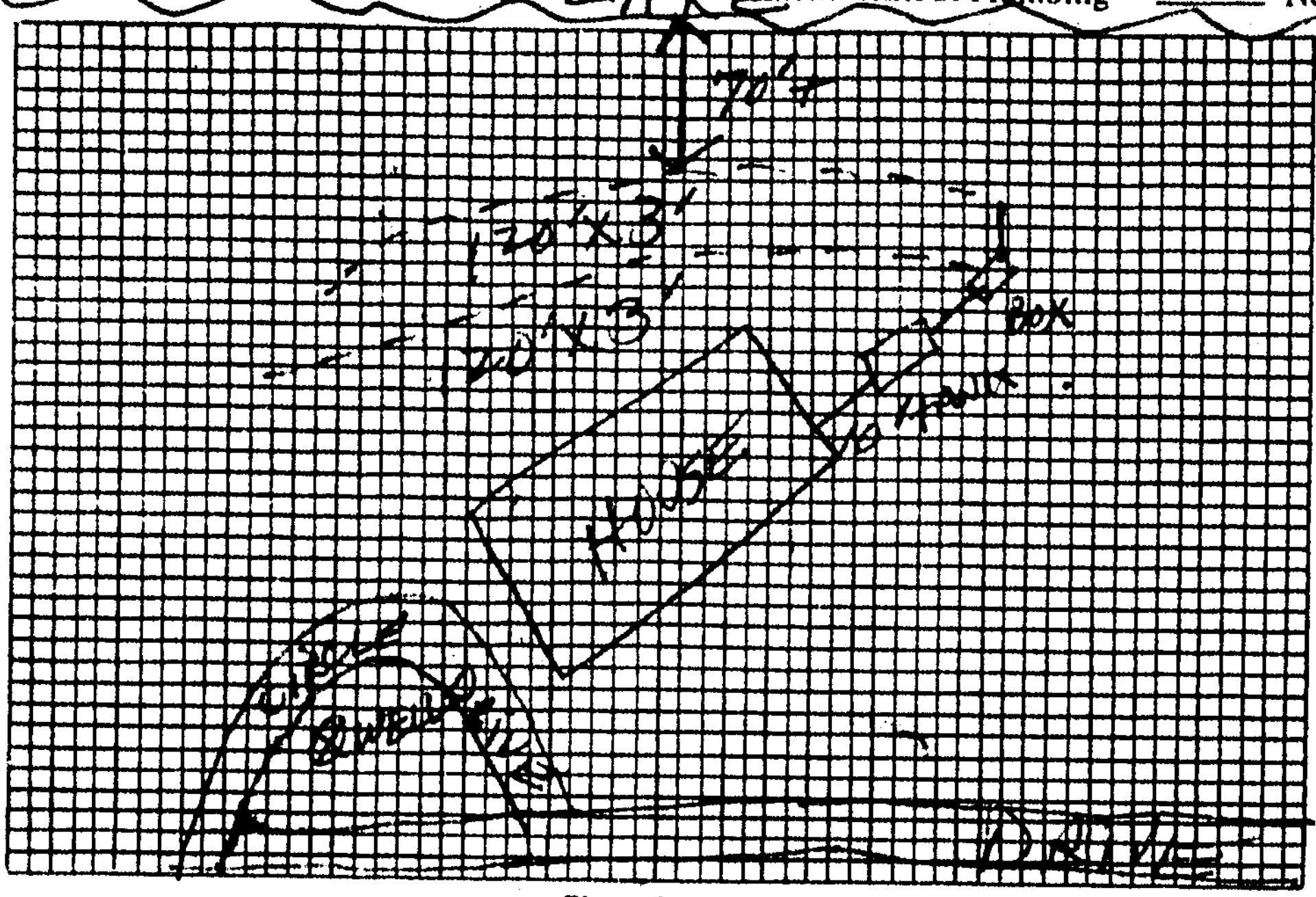
SUBDIVISION NAME ____ LOT NO. 193 SECTION OR BLOCK NO. ____

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

No. Bedrooms 3	No. Bathrooms 1.5		Character & Porosity of Soil Prov. Suitable
Garbage Disposal Unit	Yes ( )	No (✓)	Percolation Rate .5 gal/sq. ft.
Auto. Dishwasher	Yes (✓)	No ( )	Topography 2-6%
Auto. Wash. Machine	Yes (✓)	No ( )	Depth to Water Table 10'+
Site Suitable	Yes (✓)	No ( )	Rock or other impervious formations none observed.

Lot Area 163' X 230'

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: 2

No. of Lines

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Donald Lackey

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 Steve Brown DATE 10-15-84.

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