# 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 PHILIP BODE

PHONE: Business _____ Home _____ DATE 4-3-84 PERMIT NO. _____

LOCATION Morrison Farm Rd. off Duke Power State Park Rd., go to 2nd drive on (R) (Minnick Sign) - 1/4 mi. on (R).

SUBDIVISION NAME SECTION 18 S. R. No. _____

LOT NO. 92 SECTION OR BLOCK NO. _____

BASEMENT

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

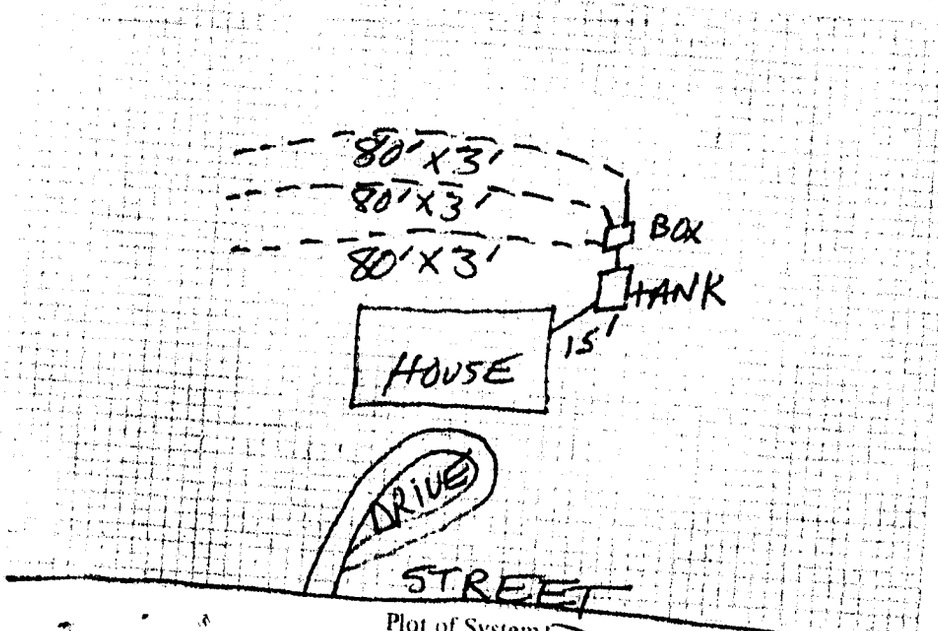
No. Bedrooms 2 No. Bathrooms 2

| | | | |
|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil Prev. Suitable |
| Auto. Dishwasher | Yes (✓) | No ( ) | Percolation Rate .5 gal/sq. ft. |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography 6-12% |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table 10'+ |

Lot Area .82 acre

Rock or other impervious formations none observed.

LAKE




Plot of System

Size of Tank 1000 Gals.

Nitrification Field: No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓) Public ( )

Installed by Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Landscape over S.T. system for drainage purposes. Keep well at least 50' from S.T. system.

CERTIFICATE OF COMPLETION BY Steve Brown

EXISTING SYSTEM CHECKED BY: _____ DATE 4-3-84.

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. _____ DATE _____

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