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 FRANK HARDIN

PHONE: Business ______ Home ______ DATE 5-22-85 PERMIT NO. ______

LOCATION Morrison Farm Rd. - go State Park Rd. - go to end - take left fork - then 1st st. on left (Admiral Lane) - 1st house on (R)

SUBDIVISION NAME ______ LOT NO. ______ S. R. No. ______ SECTION OR BLOCK NO. ______

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

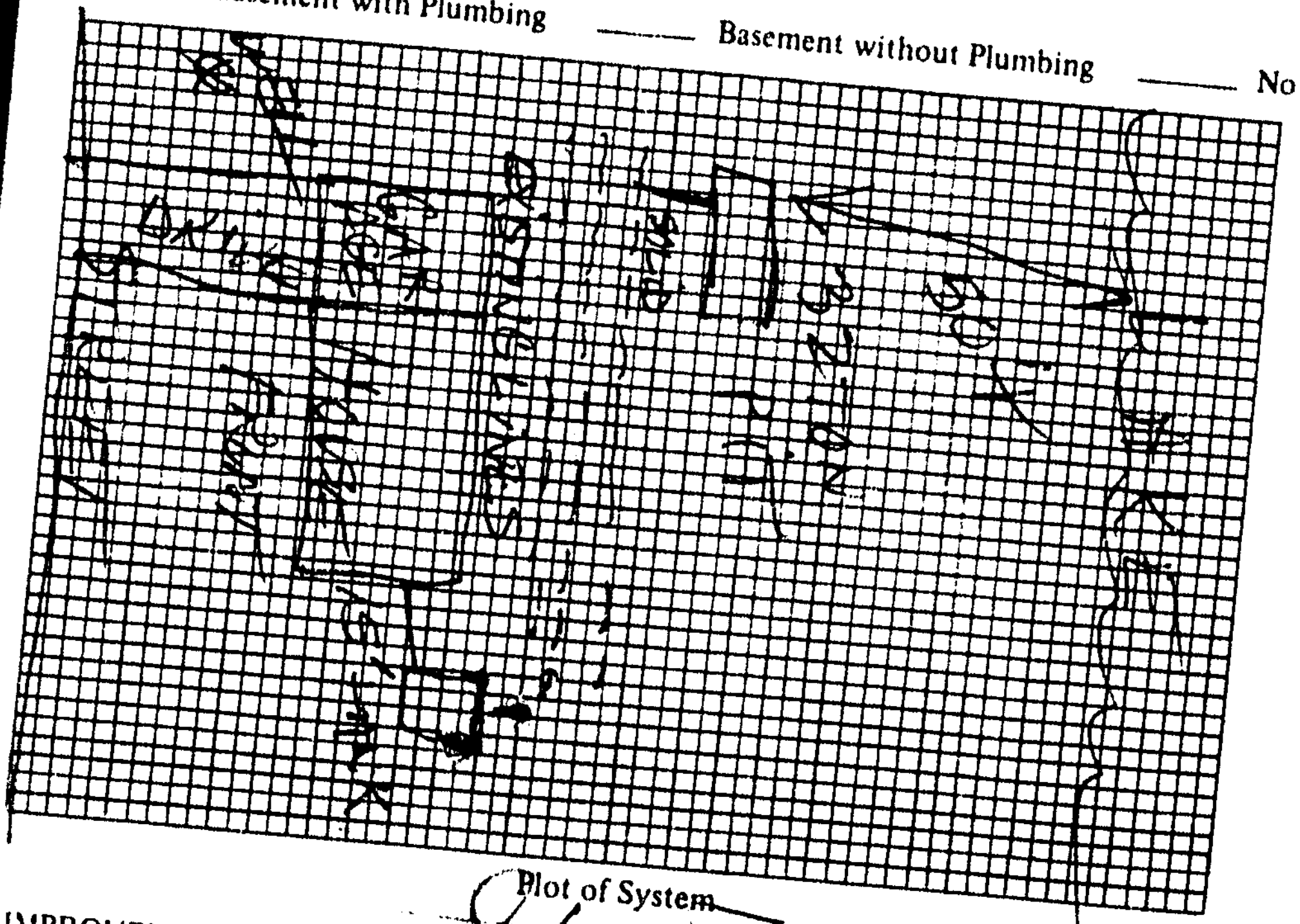
No. Bedrooms 3 No. Bathrooms 1-2

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

Lot Area Ample

Character & Porosity of Soil ______
Percolation Rate ______
Topography ______
Depth to Water Table ______ Repair
Rock or other impervious formations ______

✓ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines ______

Sq. Ft. ______ Linear Ft. ______

Depth of Stone in Lines ______

Water Supply: Individual (✓)

Public ( )

32 TON PIT INSTALLED.

Installed by Barry Sigmon

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

Signed: ______

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Tank pumped + drain lines pumped.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 5-22-85

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