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 BILL PARLIER DATE 6-15-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION State Park Rd. off Forth Ch. Rd., bear left on Morrison Farm Rd. go approx. 1.5 mi., T.L. on Daywault Rd. go to intersec., T.R. - 1/2 mi. on L.H.

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ LOT B. 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 Ample

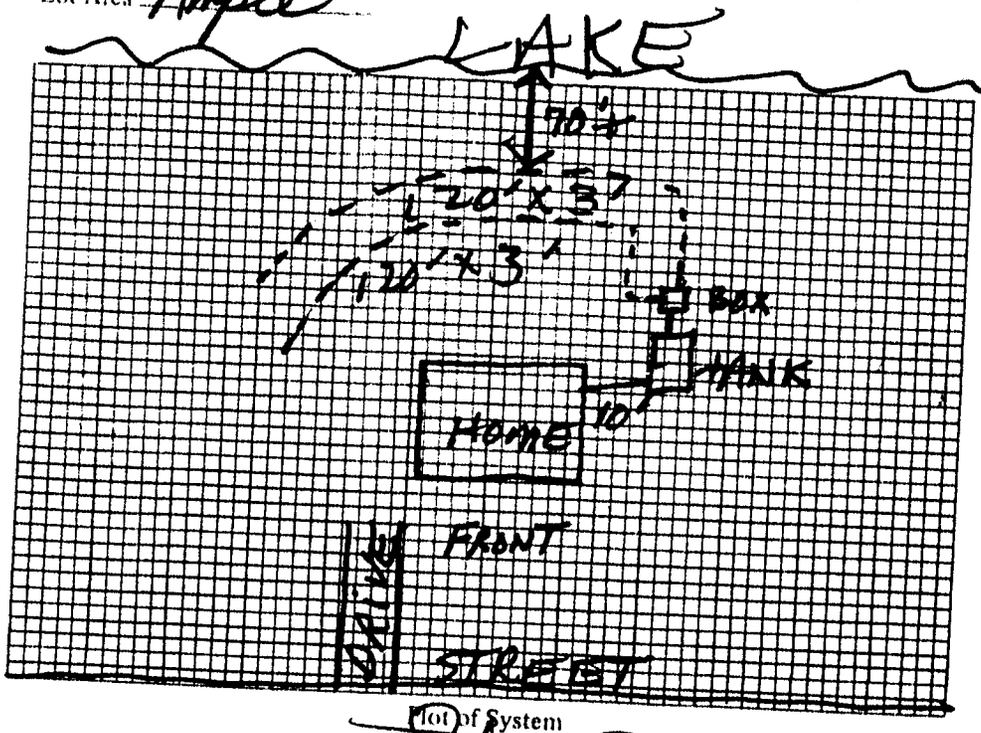
Character & Porosity of Soil Prev. Suitable

Percolation Rate 5 gal/sq. ft.

Topography 2-6%

Depth to Water Table 10'+

Rock or other impervious formations none disclosed.



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 ATH Enterprises

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

EXISTING SYSTEM CHECKED BY: _____ DATE 6-15-84

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.

DATE _____

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold