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 RONNIE R. CAMPBELL DATE 9-12-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Morrison Farm Rd. Off Duke Power State Park Rd. - T.L. on Dayswault Cut - then T.L. on Stillwater Rd. - go approx. ¼ mi. on R. S. R. No. _____

SUBDIVISION NAME SECTION 18 LOT NO. 895 SECTION OR BLOCK NO. _____

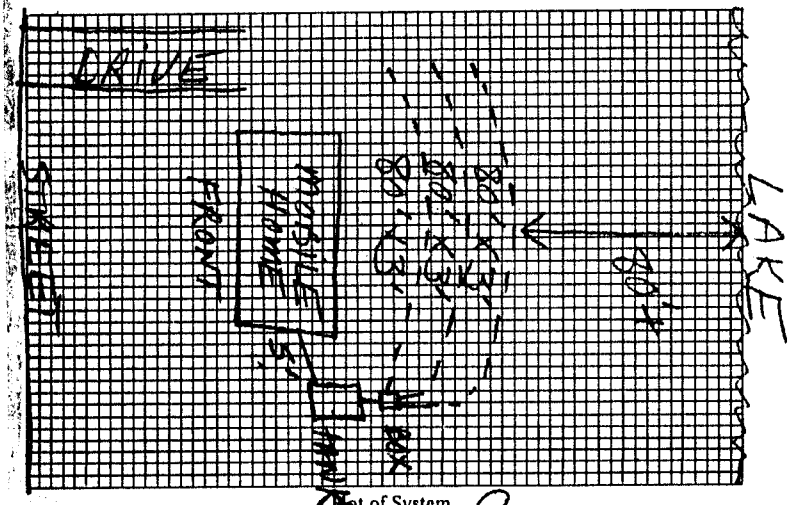
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 1.25 acres

Character & Porosity of Soil Prov. Suitable.
Percolation Rate .5 gal./sq. ft.
Topography 2-6%
Depth to Water Table 10' +
Rock or other impervious formations None observed.

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



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 Larry Beam

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 9-12-86

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