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 Harold Layne DATE 5-13-80 PERMIT NO. 128

PHONE: Business _____ Home _____

LOCATION Road 1102 go left before Sailor's Lair at All Seasons Mouna Travel Trailer park S. R. No. 1102

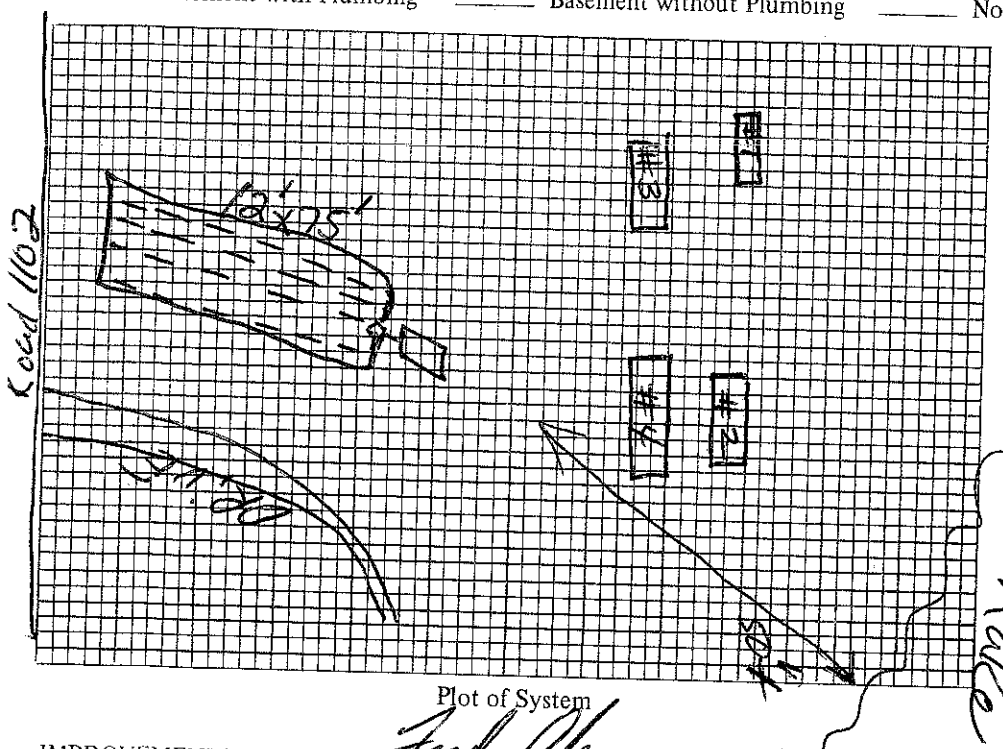
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) X Other 4 Travel Trailers

No. Bedrooms 4 No. Bathrooms 4

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay loam
Auto. Dishwasher	Yes ( )	No (X)	Percolation Rate	Soft
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2-4%
Site Suitable	Yes (X)	No ( )	Depth to Water Table	UNKNOWN
Lot Area 2 Acre			Rock or other impervious formations	NONE observed

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 16"

Water Supply: Individual X
Public ( )

Installed by Blake Hyde

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: System designed for 4 travel trailers only (Each with Bath Rm)

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 5-13-80

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