4635695881

KEDELL 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 Ed HARRIS DATE 4-6-83 PERMIT NO. 86

PHONE: Business _____ Home _____

LOCATION 1100 FT 1ST TL 2ND 1212 2 blocks FT, MARTIN DRIVE 2ND ON R S. R. No. _____

SUBDIVISION NAME COMMODORE PENNISULA LOT NO. 198 SECTION OR BLOCK NO. _____

House (X) Mobile Home ( ) Business ( ) Other 24'X24' GARAGE NO plumbing

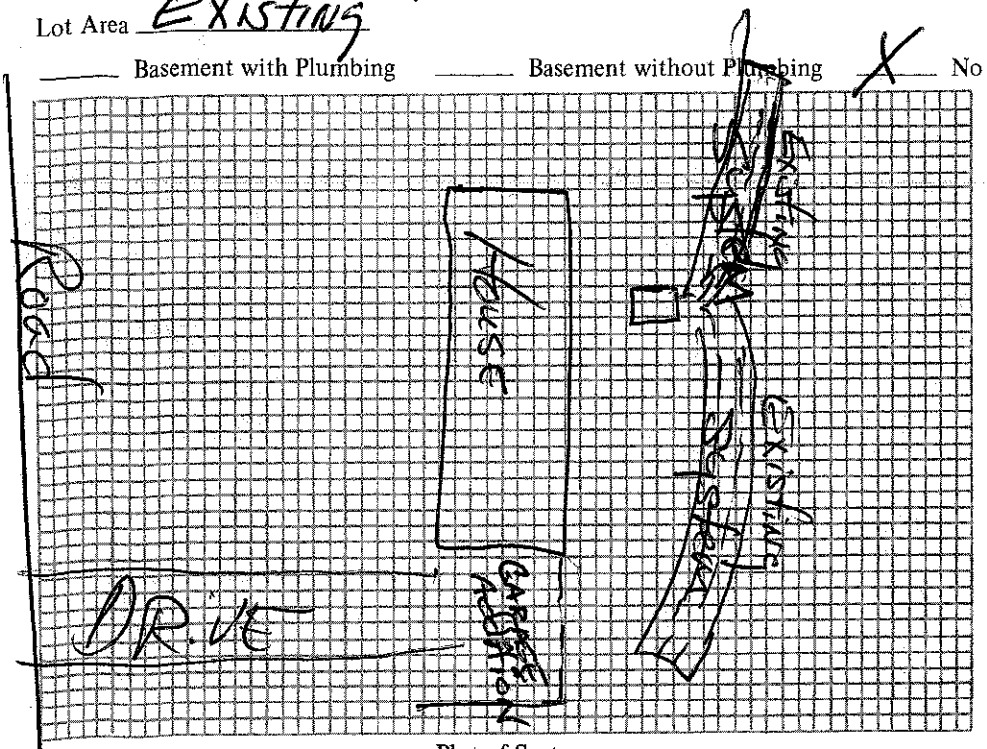
No. Bedrooms 3 No. Bathrooms 1 1/2

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

Lot Area EXISTING

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

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines EXISTING
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public (X) WATER System

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY LOTLINE

COMMENTS: Existing system working at date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY Fred Clemmer DATE 4-6-83

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