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 Michael Morris DATE 8/10/88 PERMIT NO. 17 B

PHONE: Business _____ Home _____

LOCATION 1303 N TL 1403 (Neil Farm Rd.) ~ 1/4 mile on left. S. R. No. _____

SUBDIVISION NAME Cl and T LOT NO. 924 SECTION OR BLOCK NO. 15

4639 48 7374

House (✓) Mobile Home (✓ temp.) Business ( ) Other _____ 315 WINDING SHORE RD.

No. Bedrooms 3	No. Bathrooms 2-3	Character & Porosity of Soil	Clay
Garbage Disposal Unit	Yes ( ) No (✓)	Percolation Rate	~.35
Auto. Dishwasher	Yes (✓) No ( )	Topography	4-8%
Auto. Wash. Machine	Yes (✓) No ( )	Depth to Water Table	4'+
Site Suitable	Yes (✓) No ( )	Rock or other impervious formations	none observed
Lot Area _____			

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1000 gal. pump tank

Size of Tank 1000 Gals.

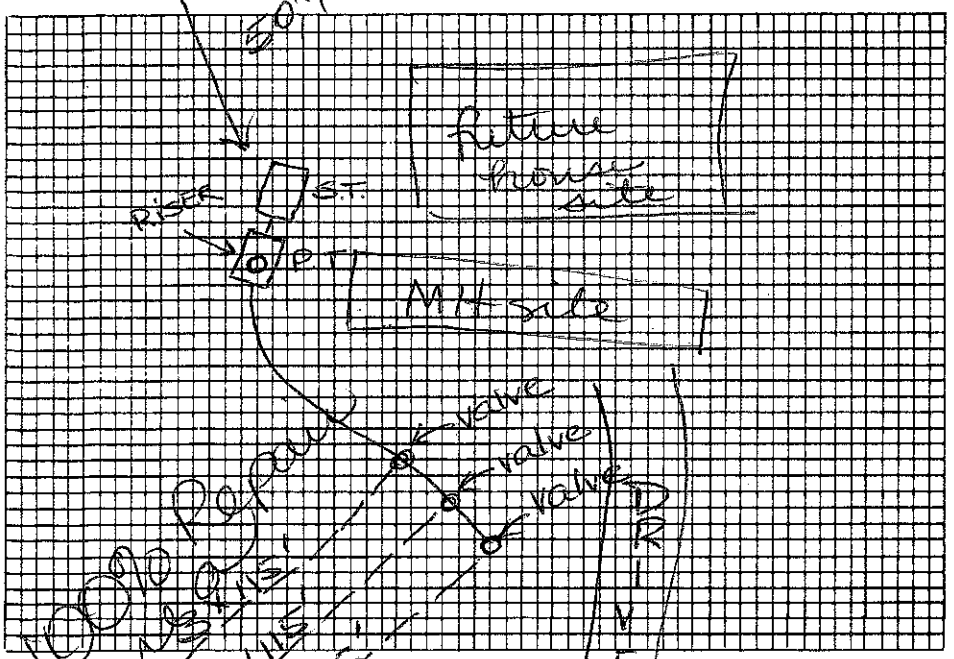
Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by Self.

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

Signed: _____



Plot of System

IMPROVEMENTS PERMIT BY DPH

COMMENTS: High water alarm ON site.

CERTIFICATE OF COMPLETION BY Andrew C. Price DATE Aug 10, 1988

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