IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

CONTRACTOR James McLeod DATE 10-12-84 PERMIT NO. 372

OWNER Business _____ Home _____ (Eastport)

PHONE 873-1223 TR 1224 Knife

LOCATION Okeydoke Drive Lot on left Van Culbreth Rd.

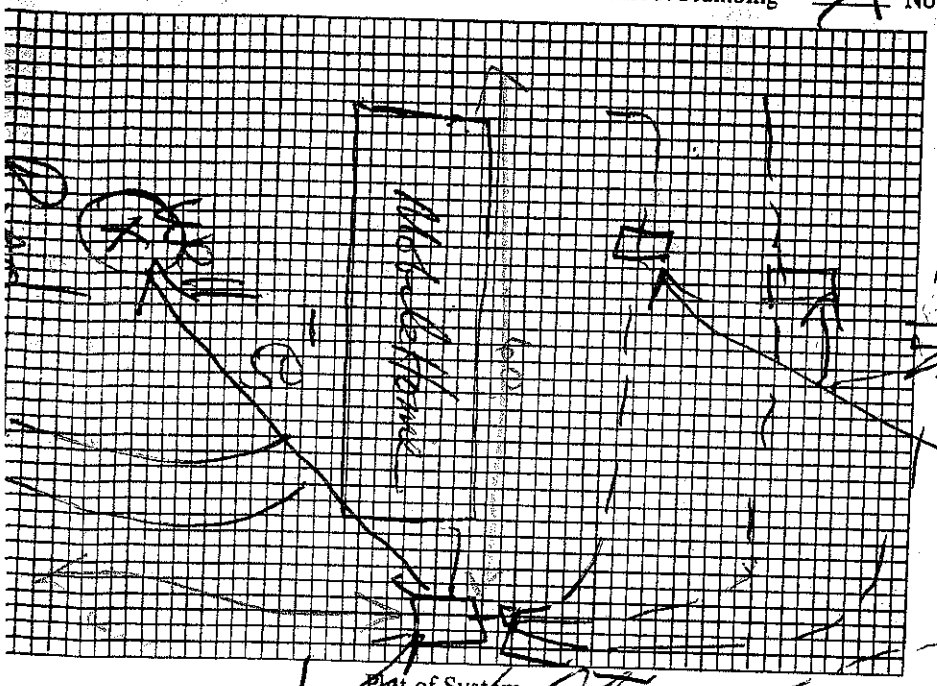
DIVISION NAME Okeydoke LOT NO. 6 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay loam
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0.5 gpm/ft sandy
Auto. Wash. Machine	Yes (X)	No ( )	Topography	20% slope
Site Suitable	Yes (X)	No ( )	Depth to Water Table	
Lot Area 20000 ft²			Rock or other impervious formations	NONE obs.

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by J.R. Bowles

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

Stepdowns

Signed: _____

IMPROVEMENTS PERMIT BY: Fred Clemmer

COMMENTS: (X) Neighbors well

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 10-12-84

SYSTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.
It 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