IREDELL COUNTY HEALTH DEPARTMENT 4665514403

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

OWNER OR CONTRACTOR Edgar Osborne DATE 8-30-84 PERMIT NO. 304

PHONE: Business _____ Home _____

LOCATION 1125 S on left on corner of 1125 + 1142

S. R. No. _____

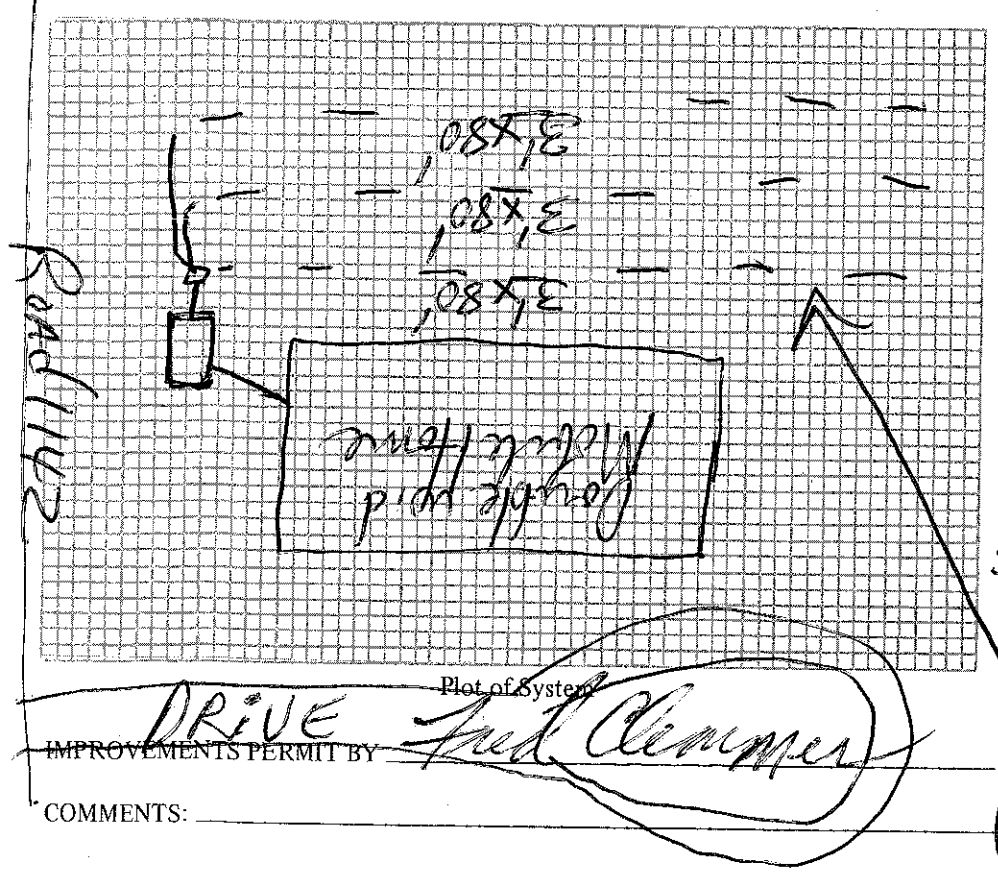
SUBDIVISION NAME Timbermeer LOT NO. 879 SECTION OR BLOCK NO. _____

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 gal ft/day |
| Auto. Wash. Machine | Yes (X) | No ( ) | Topography | 2-4% fall |
| Site Suitable | Yes (X) | No ( ) | Depth to Water Table | 4 |
| | | | Rock or other impervious formations | None obs. |

Lot Area ~2 ACRES




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 (X)
Public ( )

Installed by Claudis Morrison

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

Signed: _____

Plot of System

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: (X) well site

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 8-30-84

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