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 MARY SUMMERS DATE 11-23-81 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mt. Rd. Turn on Lewis Ferry Rd., Attend go across onto dirt rd. - At forks, T.R. 131 mH on (R.) S. R. No. _____

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

Residence ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1.5 Character & Porosity of Soil Appling + Cecil clay

Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 45 min/in

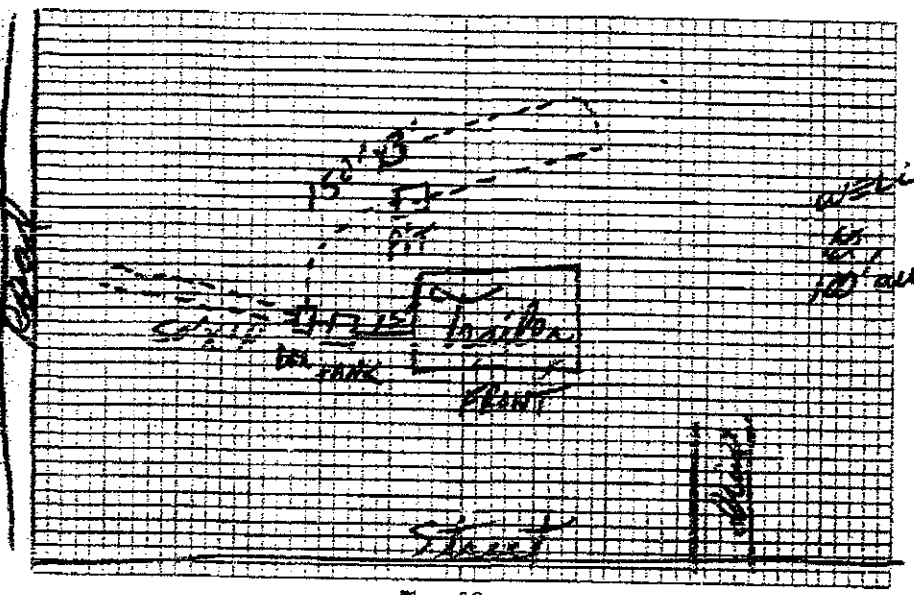
Auto. Dishwasher Yes ( ) No (✓) Topography 2-6%

Auto. Wash. Machine Yes ( ) No (✓) Depth to Water Table 10'+

Site Suitable Yes (✓) No ( ) Rock or other impervious formations none observed

Lot Plan T. Sauer

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 650 Linear Ft. 200
Depth of Stone in Lines 10"+

Water Supply: Individual (✓)
Public ( )

Installed by Cliff Summers

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Sanders DATE 11-23-81

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

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