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 MARION MORGAN PARISI DATE 4-20-88. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 64-70 West at corner of Enfield Rd. on R. _____ S. R. No. _____

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

House ( ) Mobile Home (✓) Business ( ) Other MOTEL REPAIR.

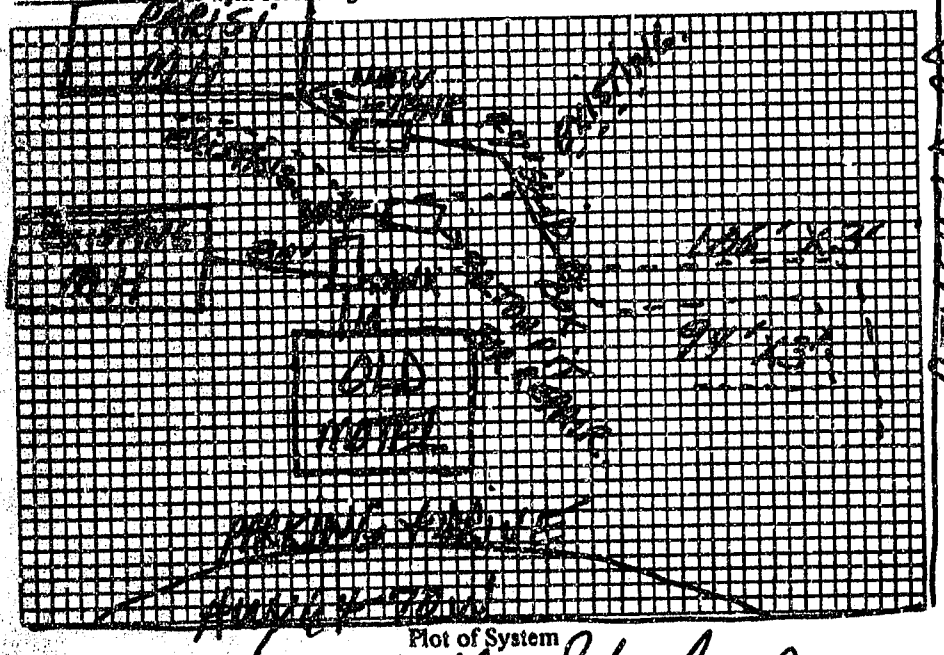
No. Bedrooms 2 No. Bathrooms 1

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

Character & Porosity of Soil Prev. Suitable.
Percolation Rate Prev. Tested.
Topography Level to Gently Sloping
Depth to Water Table 4-7'
Rock or other impervious formations none observed.

Lot Area NOT YET DEEDED.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Lines Ft. 200
Depth of Stone in Lines 12
Water Supply: Individual ( )
Public (✓)

Installed by Dennis Kelliher

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

Signed: _____

IMPROVEMENTS PERMIT BY Kelly Sheets L.S.

COMMENTS: Old system repaired for Motel with 32 ton Pit.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-20-88.

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