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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 Cecil Morrow DATE 12/31/86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I40 W, Past Old Mountain Rd, Bldg on corner of Old Mtn & Island Ford Road (Bradfords Cross Roads) S. R. No. _____

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

House ( ) Mobile Home ( ) Business (✓) Other Repair

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area Ample

Character & Porosity of Soil _____

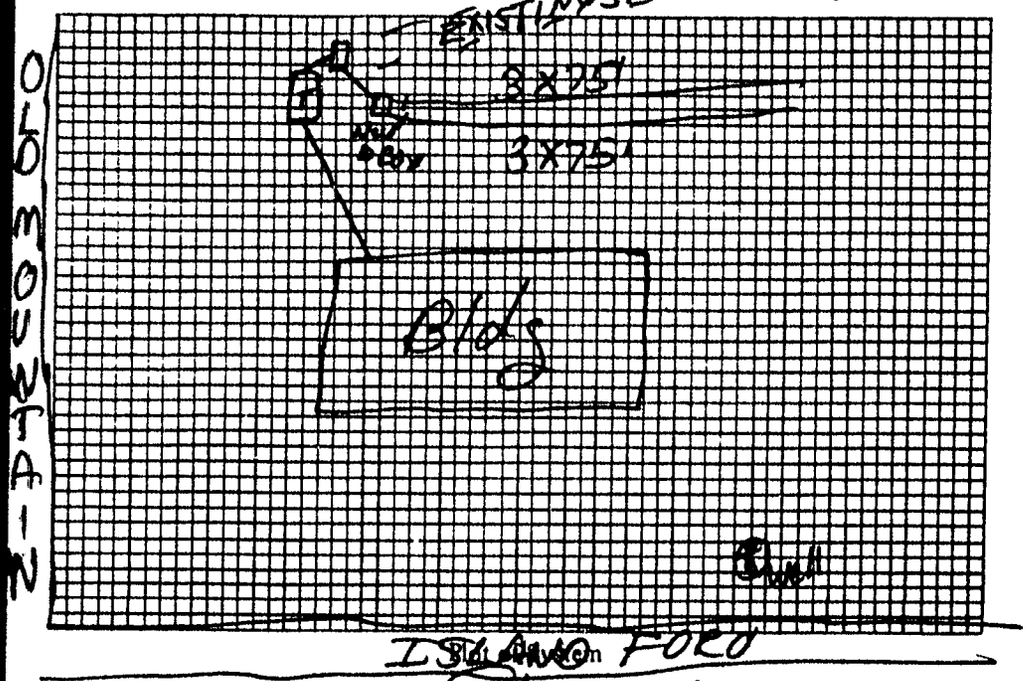
Percolation Rate _____

Topography Repair

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 450 Linear Ft. 150

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Harry Reep

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Harry Plans to cut diversion ditch after backfilling repair drain lines.

CERTIFICATE OF COMPLETION BY [signature] DATE 12/31/86

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