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 HAROLD ODELL DATE 6-20-84 PERMIT NO. _____

PHONE: Business _____ Home _____

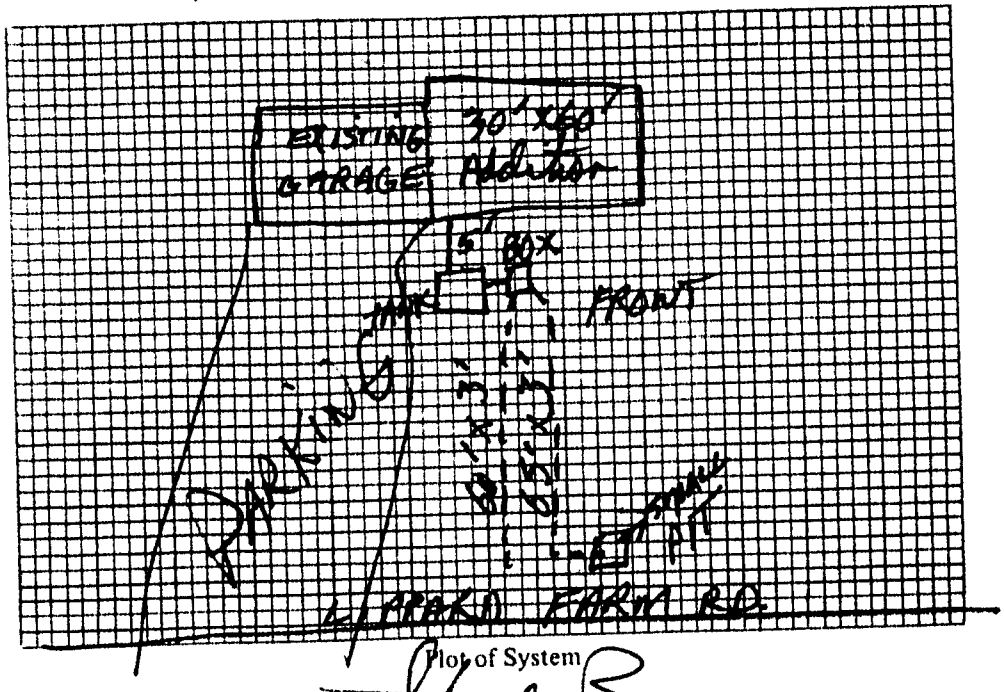
LOCATION Liggard Farm Rd. - off Island Ford Rd. - 1/4 mi. on (R). S. R. No. _____

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

House ( ) Mobile Home ( ) Business ( ) Other Addition to garage with 2 toilets.

No. Bedrooms _____ No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Prev. Suitable
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	5gal/sq ft.
Auto. Wash. Machine	Yes ( )	No (✓)	Topography	Rolling
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10 ft
Lot Area Ample			Rock or other impervious formations	none observed.



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 375 Linear Ft. 125
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Jim Wooten

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Do not drive or park over S.T. system.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6-20-84.

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