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 Bobby Nance DATE 4-15-81 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 90 west - nearly to Stony Point, T.R. on S, R. 1554, go approx. 1 mile - T.L. on Harris Bridge Rd, go 1 mile, T.R. on dirt drive, go to end. S. R. No. _____

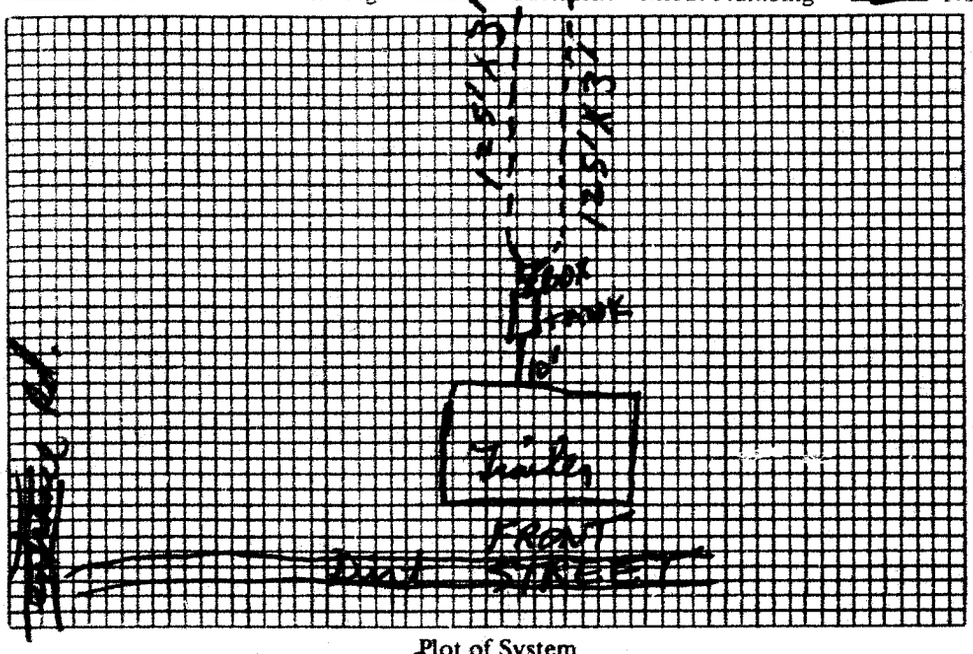
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 2	No. Bathrooms 1			Character & Porosity of Soil	wet clay loam
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	60 gal/sq. ft.
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 Area Acreage

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by Harlee Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Landscape over tail lines for surface drainage.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-15-81

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