1

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 STEVE MORRISON DATE 6-10-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Scotts Creek Rd. off Hwy 115N - 1st house on (R) past Mary Marlowe's dwr. S. R. No. _____

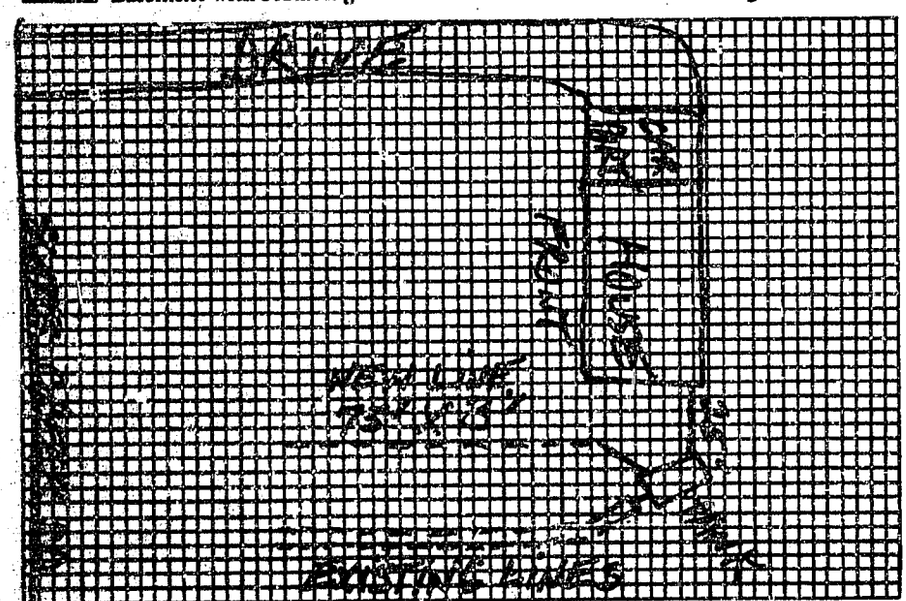
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes ( )	No ( )	Topography	Repair
Site Suitable	Yes (✓)	~~No~~ ( )	Depth to Water Table	
Lot Area Ample			Rock or other impervious formations	

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. 225 Lineal Ft. 75
Depth of Stone in Lines 16"

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 Gleason Hoff Jr.

COMMENTS: Tank pumped. Tee installed inside of tank for new line.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6-10-87

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