REDELL 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 PAYTON MORRISON DATE 7-25-89 PERMIT NO. A 14

PHONE: Business _____ Home _____

LOCATION Hwy 64-70 W-T.R into Ashbrook Park-Iver Dr to Parks-5th house on R.

S. R. No. _____

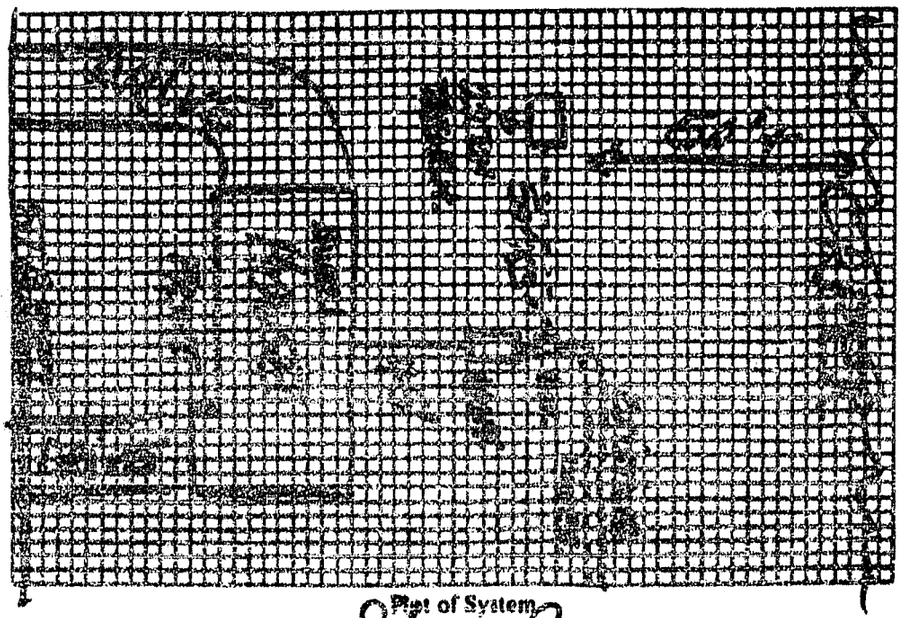
SUBDIVISION NAME ASHBROOK PARK LOT NO. _____ SECTION OR BLOCK NO. _____

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.

Purification Field:
No. of Lines 1
Sq. Ft. 150 Linear Ft. 50'
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Plus 22 ft stretch to extend.

Installed by J. C. Forsyth

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Dist. box used.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 7-25-89

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