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 Heritage Bldg. Co. DATE 12-5-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Morrison Dr

SUBDIVISION NAME Settlement Acres S. R. No. _____

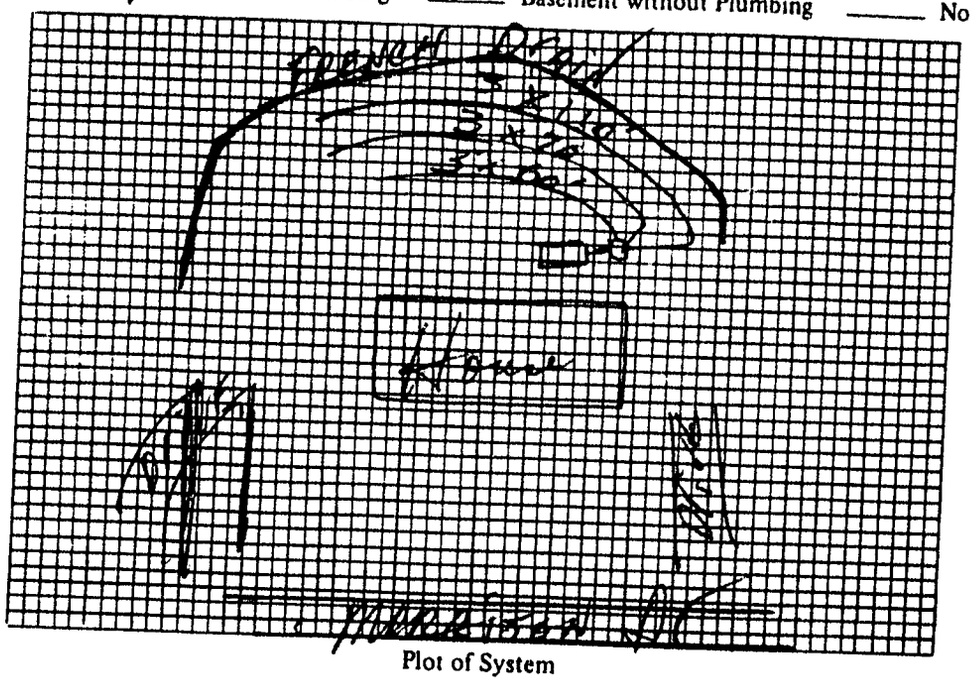
LOT NO. 68 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay Loam
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	25 Bpi @ 12"
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Gently sloping
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	6-12
Lot Area	Appr 20,000		Rock or other impervious formations	6' + None

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: To Install Trench Drain

CERTIFICATE OF COMPLETION BY _____ DATE 12/5/85

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