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 CROIX MILLER DATE 4-26-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115N, T.R. on Chipley Ford Rd. – T.L. on S.R. 1943 (Harriett Lane) – T.R. on Harriett Place – last house (L). S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 54 SECTION OR BLOCK NO. _____

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

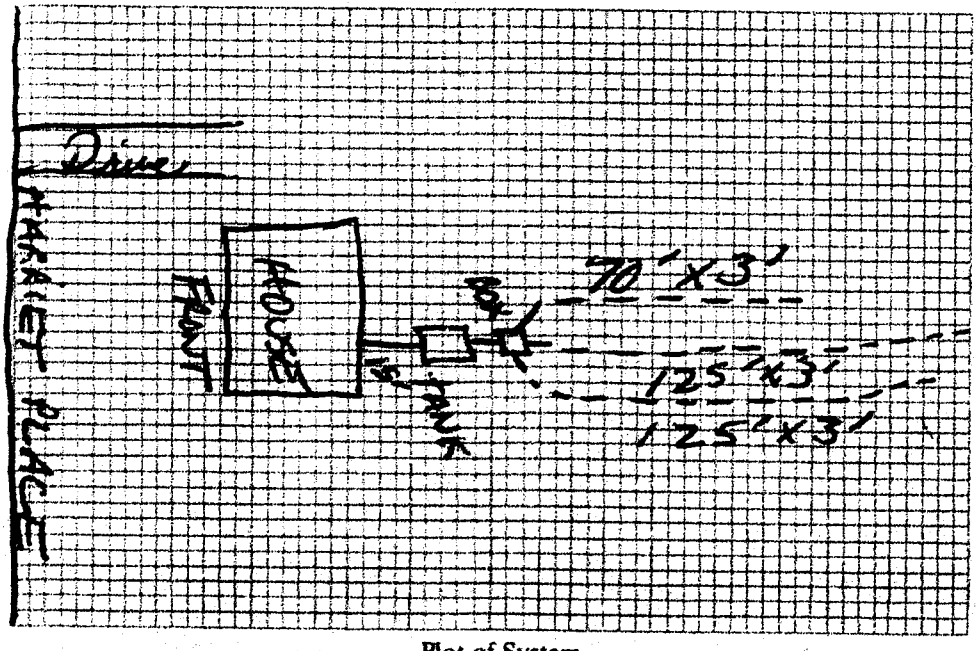
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil LmB2
Percolation Rate 1 gal/sq. ft.
Topography 6-10%
Depth to Water Table Unknown
Rock or other impervious formations none noted.

Lot Area Approx 1/2 acre

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 960 Linear Ft. 320
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Ed O'Keefe

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

Signed: _____

IMPROVEMENTS PERMIT BY Allen Top Inc.

COMMENTS: Landscape over S.T. system.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-26-83

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