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 Nathan Morrison, JR. DATE 10-5-83 PERMIT NO. 338

PHONE: Business _____ Home _____

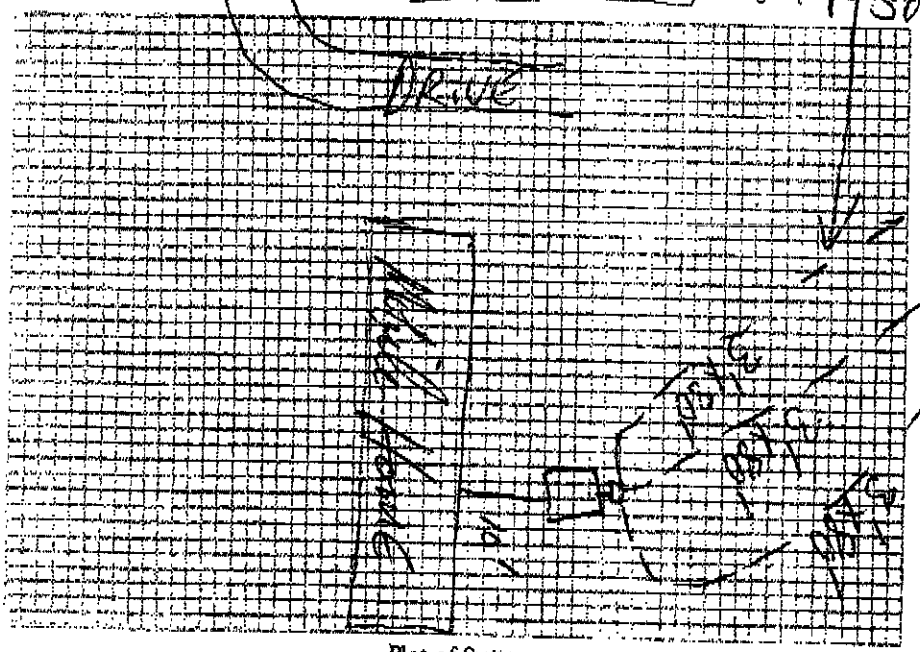
LOCATION 21N, R100 ~.1mile before Road 2342 (Amity Hill Road) Rdintheive ~700ft off Road S. R. No. _____

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

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

| | | | |
|---|---|---|---|
| No. Bedrooms 3 | No. Bathrooms 2 | | Character & Porosity of Soil Clay loam |
| Garbage Disposal Unit | Yes ( ) | No (X) | Percolation Rate 0.4 gal/ft²/day |
| Auto. Dishwasher | Yes (X) | No ( ) | Topography Rolling |
| Auto. Wash. Machine | Yes (X) | No ( ) | Depth to Water Table 4ft |
| Site Suitable | Yes (X) | No ( ) | Rock or other impervious formations None observed |
| Lot Area Adequate | | | |

_____ Basement with Plumbing _____ Basement without Plumbing X 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 (X)
Public ( )
well next door
Installed by Sam Osmond

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 10-5-83

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

Jan. 3. 2006 1:08PM EXPRESSION HOMES 704/528-7855 No.1586 P. 4