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 Paul Osborne DATE Dec 12, 1988 PERMIT NO. _____

PHONE Business _____ Home _____

LOCATION 21 E. to Long Cabin Rd. TR Lt 1st Trailer Shed 200'

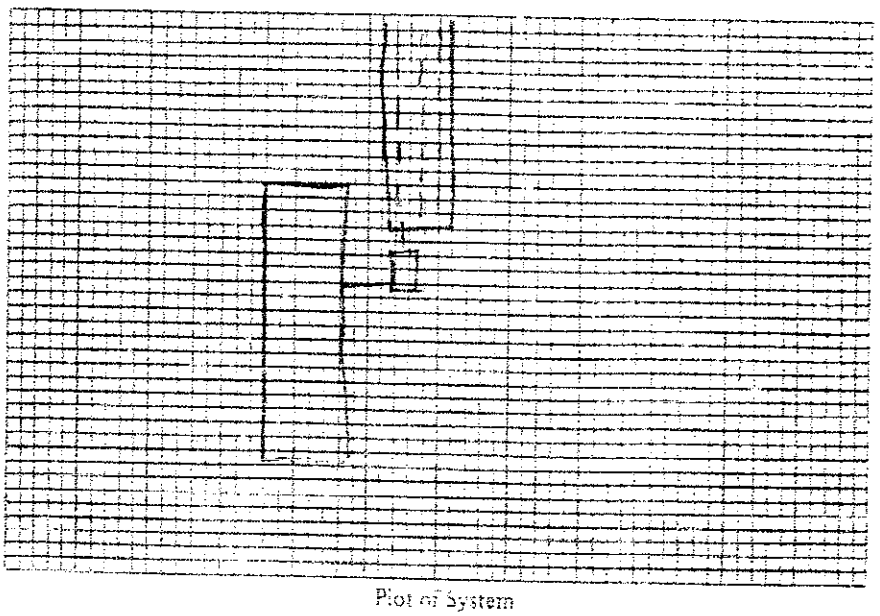
S. R. No. _____

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

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

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes ( ) No (X)
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area _____

Character & Porosity of Soil Red Clay
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or Other Impediments _____



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft 264 Linear Ft 2.5'
Depth of Stone in Lines 26
Water Supply: Individual (X)
Public ( )

Installed by Herbert Hockett

IMPROVEMENTS PERMIT BY Mike Howland

COMMENTS _____

CERTIFICATE OF COMPLETION BY Luther W Johnson JR DATE 12-20-88

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

JAN. 4, 1989 1:25