IREDELL COUNTY HEALTH DEPARTMENT

10056

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Melvin W. Osborne DATE 2-5-87 PERMIT NO. [redacted]-2

PHONE: Business _____ Home _____

LOCATION US 21 Turn Hoyt Rd. Rt. Turn Morgan Rd. Rt. Across Creek 1st Driveway Lt. Rt. 2nd House Left

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

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

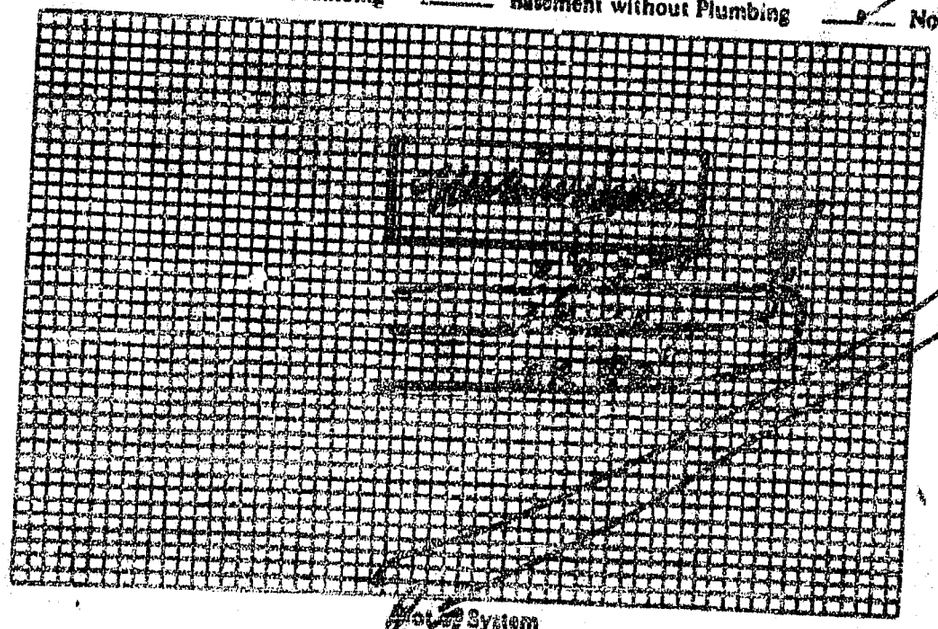
No. Bedrooms 2 No. Bathrooms 2

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

Character & Porosity of Soil Loam Sandy Loam
Percolation Rate 4 - 2 - 60
Topography Slope
Depth to Water Table 72"
Rock or other impervious formations None

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 630 Linear Ft. 230
Depth of Stone in Lines 24
Water Supply: Individual (✓)
Public ( )

Installed by A-1 Backhoe Service

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

Signed: _____

Septic System
IMPROVEMENTS PERMIT BY H. Fox

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE 7/15/87

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

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