IREDELL COUNTY HEALTH DEPARTMENT

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

10059 OWNER OR CONTRACTOR Kevin Osborne DATE 12-14-89 PERMIT NO. D2

PHONE: Business _____ Home _____

LOCATION 115 N R Prospect L Morgan Ford cross bridge 1st drive on Right 1/4 behind Osborne Residence S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2

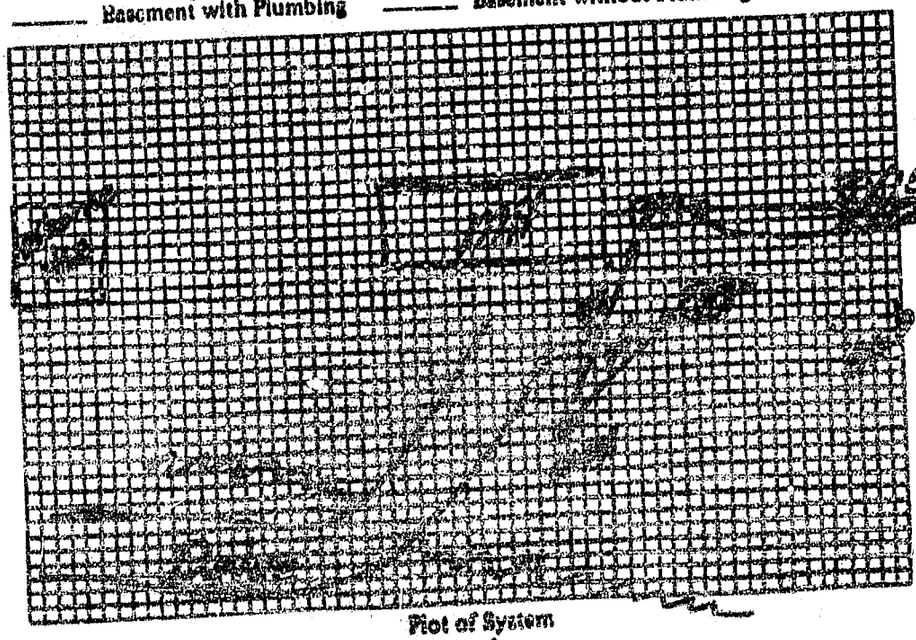
Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area Ample

Character & Porosity of Soil Org Sandstone
Percolation Rate _____
Topography Slight
Depth to Water Table 18" Scattered Rock
Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2 270
810 Sq. Ft. _____ Linear Ft.
Depth of Stone in Lines 24"
Water Supply: Individual (✓)
Public ( )



Plot of System

Installed by A/I Backhoe

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

Signed: _____

IMPROVEMENTS PERMIT BY D Dickerson

COMMENTS: Pump to Repair See attached memorandum

CERTIFICATE OF COMPLETION BY C. Dennis Weaver 1025 DATE 12/19/89

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