8602

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 David L Morgan DATE 5/18/88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Morgan Property Lot 2
Mt Lemon Rd S. R. No. _____

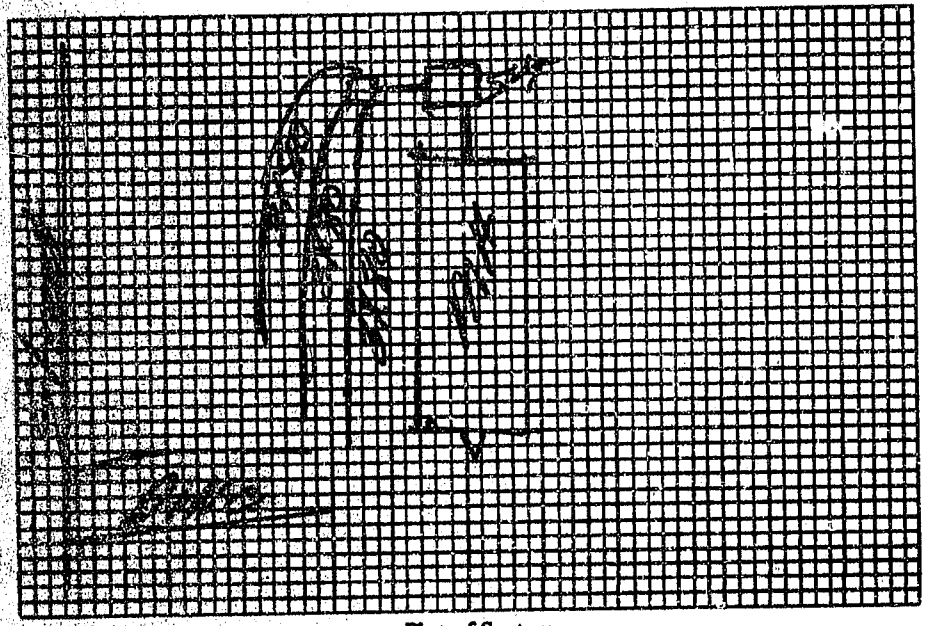
SUBDIVISION NAME _____ LOT NO. 2 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3	No. Bathrooms 2			Character & Porosity of Soil	clay loam
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	5
Auto. Dishwasher	Yes ( )	No (✓)		Topography	2% to 6%
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	10-2
Site Suitable	Yes (✓)	No ( )		Rock or other impervious formations	none

Lot Area 26987

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 210 Linear Ft. 210
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY LC Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Paul Moore & Steve Hoyt DATE 5-19-88

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