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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 Avis Campbell DATE 7-14-87 PERMIT NO.

PHONE: Business Home

LOCATION 21 N through Harmony. T.R. on Bowell Bridge Rd. T.L. on Back Fork Rd. Cross Bridge. T.R. on Autoggale. 1st mail. S. D. No.

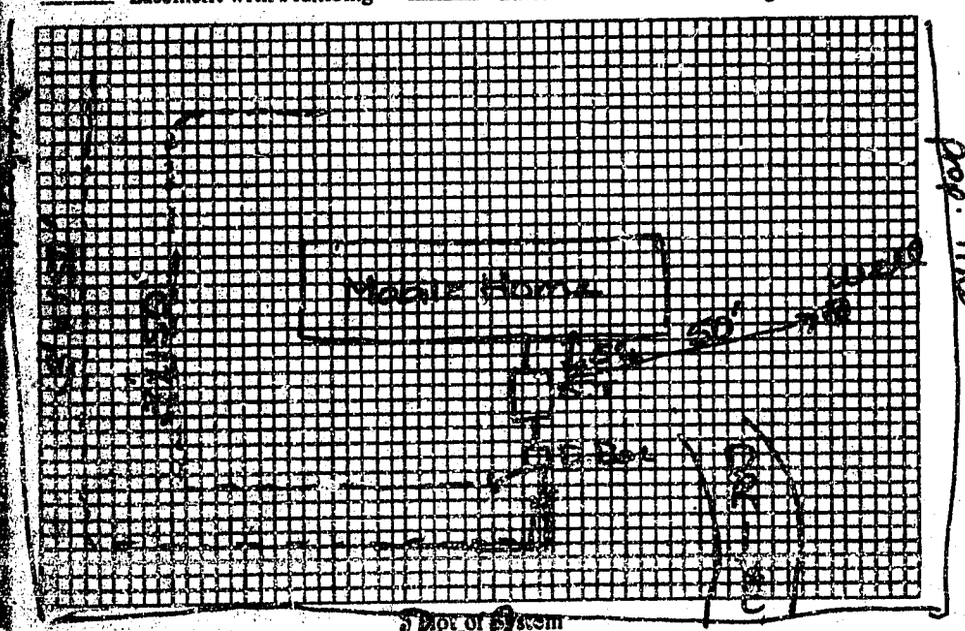
SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

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

No. Bedrooms		No. Bathrooms		Character & Porosity of Soil	Clayey
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	2"
Auto. Dishwasher	Yes (✓)	No ( )		Topography	2 - 6%
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	18"+
Site Suitable	Yes (✓)	No ( )		Rock or other impervious formations	none observed

Lot Area .44 Acre.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Tommy Nixon

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

Signed: _____

IMPROVEMENTS PERMIT BY D. C. Moore

COMMENTS:

CERTIFICATE OF COMPLETION BY Bobbie C Reed / D. C. Moore DATE 11-4-87

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