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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 Claude Eugene Melton DATE Jan. 11, 89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1236 (Stonemarker) ~ 1 mile on Rt. _____ S. R. No. _____

SUBDIVISION NAME CLOT LAKE NORMAN LOT NO. 1699 SECTION OR BLOCK NO. 6

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

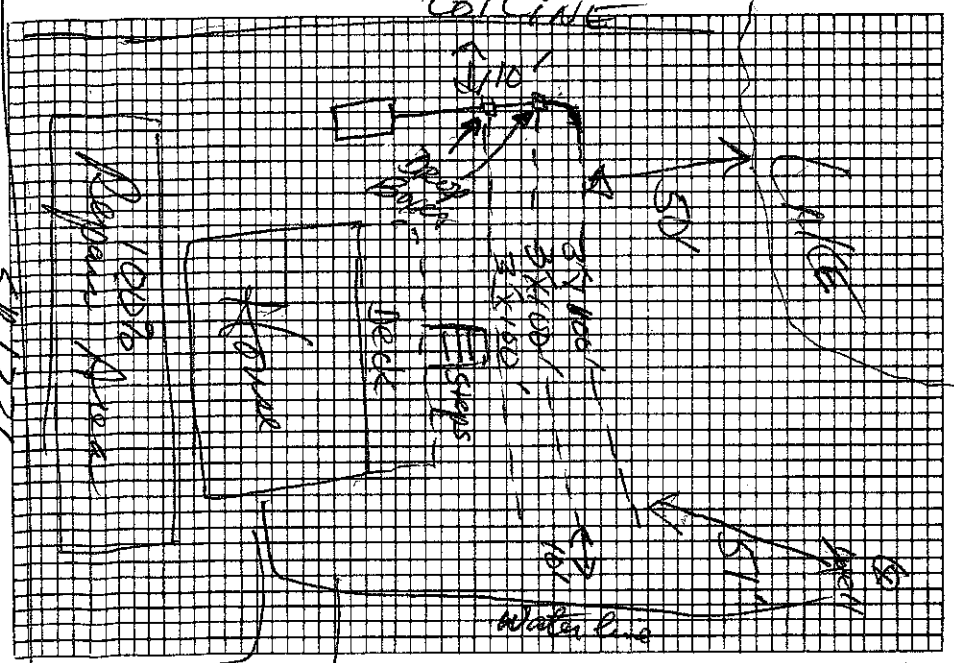
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clay
Percolation Rate 2, 4 0
Topography 4-6%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area 1/2-3/4 Ac.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Howell Grading & Septic Tk. Cabarrus Co

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

Signed: _____

IMPROVEMENTS PERMIT BY DHH

COMMENTS: Provide good surface drainage around drainfield.

CERTIFICATE OF COMPLETION BY RK Jones, RS DATE Jan 11, 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