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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 Amos C. Abernathy DATE 7-15-83 PERMIT NO. 240

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1446 ~½ mile on R.

SUBDIVISION NAME Lake Norman S. R. No. _____

LOT NO. 163 SECTION OR BLOCK NO. 8

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

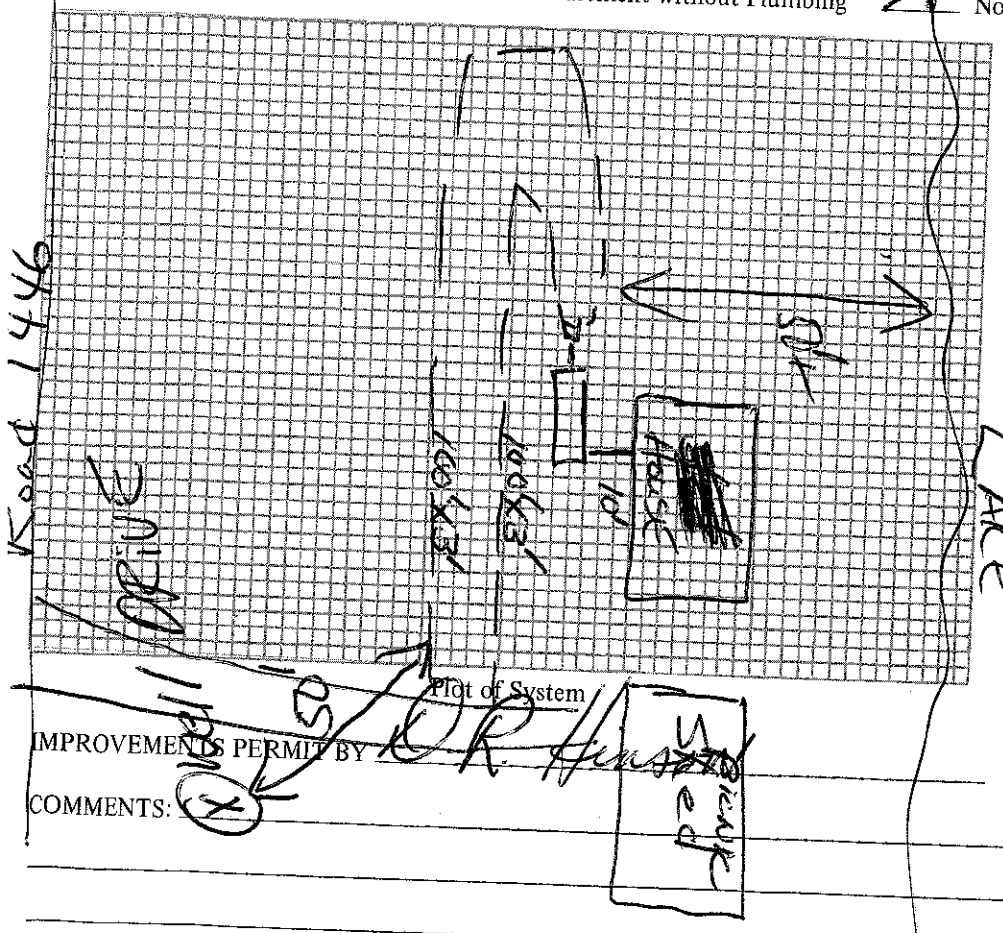
No. Bedrooms 2 No. Bathrooms 1

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

Lot Area ~¾ ARE

Character & Porosity of Soil Clay loam / fair drng
Percolation Rate 6 MPI
Topography 6-10% slope
Depth to Water Table 44
Rock or other impervious formations None observed

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by J.R. Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY J.R. Hinson

COMMENTS: (X)

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 7-15-83

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