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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 James G. Hester DATE 4/8/88 PERMIT NO. _____

PHONE: Business _____ Home 373-8858

LOCATION 1100 TR McKendrie TL Kemp TL Agnew (Lot 1649) S. R. No. _____

SUBDIVISION NAME C L & T LOT NO. 1649 SECTION OR BLOCK NO. 8

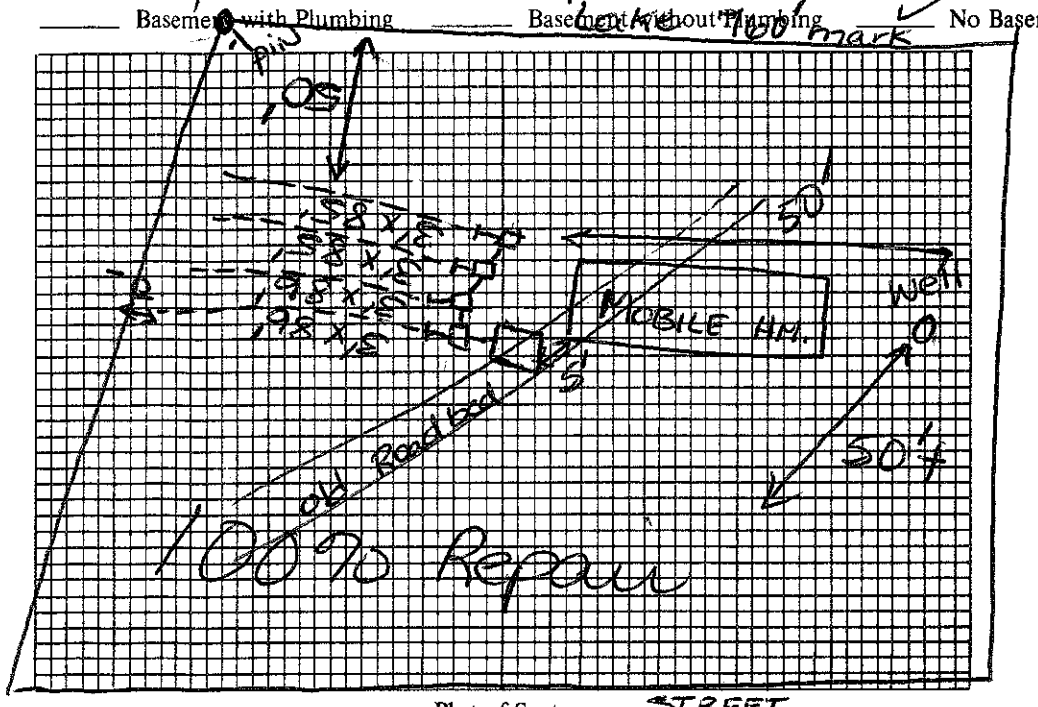
(FUTURE) House (✓) 3BR Mobile Home (✓) 2BR Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	clayey	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.35 gpd/ft²	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	B 1090	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+	
			Rock or other impervious formations	none observed	

Lot Area 20000 ft² min ⇒ 9/10 ACRES

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System STREET

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. B 1026 Linear Ft. 342
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )
Neighbor's Well

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY André C. Pinca

COMMENTS: SET TANK UPHILL AS MUCH AS POSSIBLE. RUN LINES ON CONTOUR AND SHALLOW. USE DROP BOXES (4) to distribute effluent.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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