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 Eddins DATE 1-31-86 PERMIT NO. 50

PHONE: Business _____ Home _____

LOCATION 150W TR 1109, TR 1100 TR 1115, ~.3 mile on left the 3rd house on left (Not counting house on corner) S. R. No. _____

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

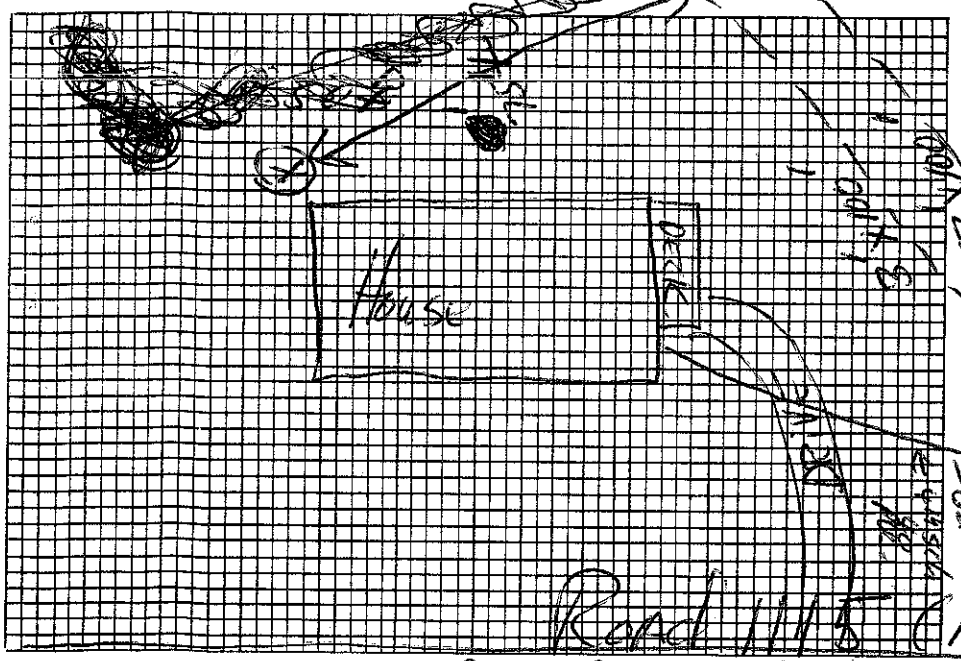
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay loam to clay
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0.3 gpf
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2 to 8%
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4'
			Rock or other impervious formations	NONE obs.

Lot Area 20,000 Ft²

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

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 ( )
Public ( )

Installed by Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY K Barnett

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clements DATE 1-31-86

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

2:15

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 Eddins DATE 6-17-85 PERMIT NO. 219

PHONE: Business 375-9858 Home 664-5681

LOCATION 150 W TL onto 1109 TR onto 1100 TR 1115 (McKendree Chapel Rd) 3rd house on left not counting the house on corner S. R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

House (X) Mobile Home ( ) Business ( ) Other

No. Bedrooms 2 No. Bathrooms 1

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

Character & Porosity of Soil clay

Percolation Rate 0.5 gal/ft²/day

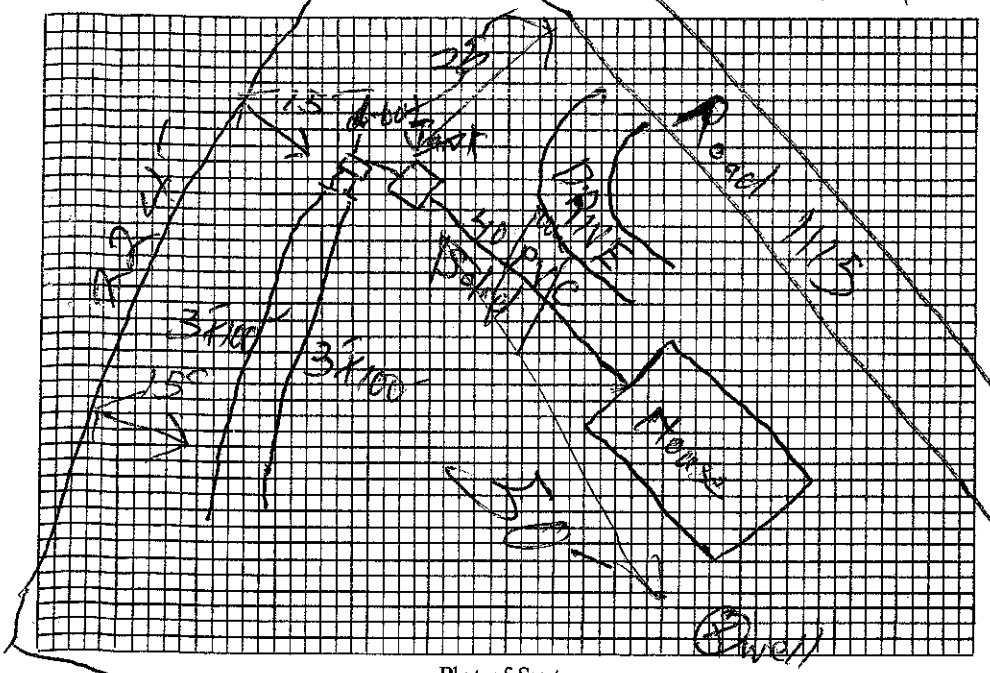
Topography 2-5%

Depth to Water Table 4'

Rock or other impervious formations None observed

Lot Area 20,000 ft²

_____ Basement with Plumbing _____ Basement without Plumbing _X_ No Basement



Plot of System

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

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

Signed David Eddins

IMPROVEMENTS PERMIT BY 320' Charles K. Dowell

COMMENTS: keep system shallow follow contours

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold