D.

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 Kevin L. Scruggs DATE 7/7/88 PERMIT NO. _____

PHONE: Business _____ Home 664-5951

LOCATION 1100 TR McKendrie TR Dighe.

S. R. No. _____

SUBDIVISION NAME C L and T. LOT NO. 900 SECTION OR BLOCK NO. 8

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

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable P.S.	Yes (✓)	No ( )

Lot Area _____

Character & Porosity of Soil existing 5/14/73 J.C. Moore

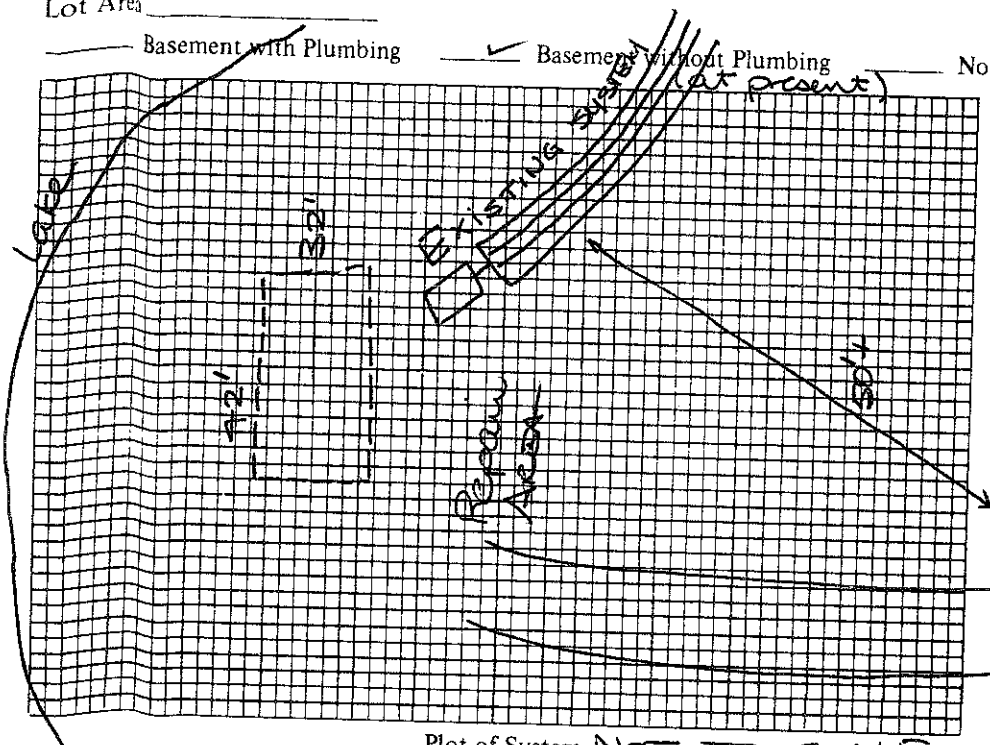
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System NOT TO SCALE

Size of Tank existing Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 225

Depth of Stone in Lines ("extra stone")

Water Supply: Individual (✓) to be drilled.

Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: No sign of sewage sum at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andrew C. Penn DATE July 7, 88

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