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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 Archie Melchor DATE May 10, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 (McKendree) TR 1457 (Rush Circle) bear left at forks 2½ miles on left S. R. No. _____

SUBDIVISION NAME OCLOT LAKE NORMAN LOT NO. 373 SECTION OR BLOCK NO. 8

House (✓) Mobile Home ( ) Business ( ) Other Addition w/ Addn.

No. Bedrooms 2 No. Bathrooms 2½

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes ( ) No (✓) AAE

Lot Area Existing 504

Character & Porosity of Soil _____

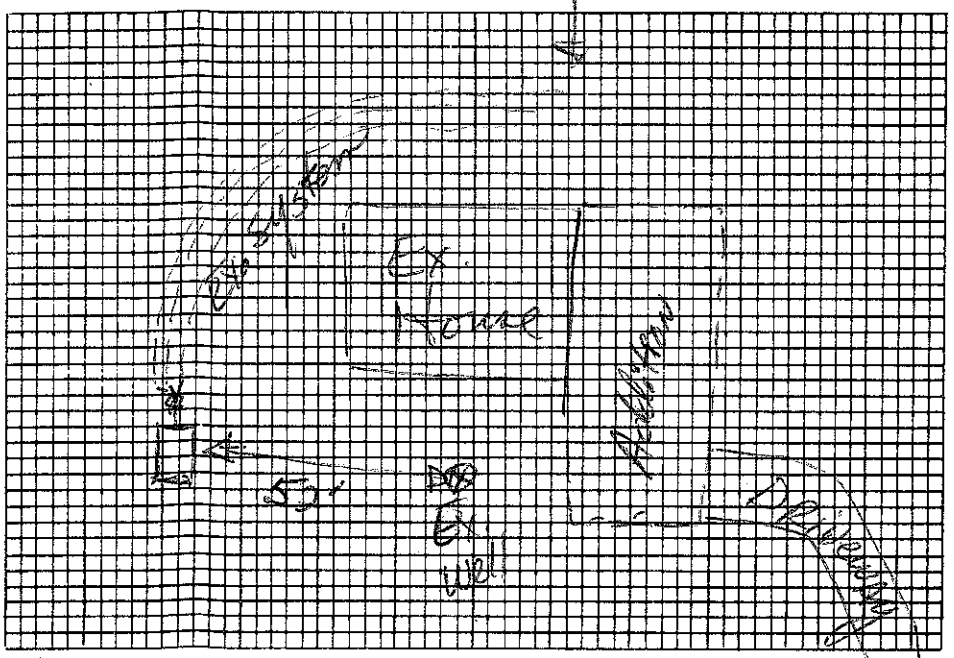
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ ✓ No Basement



Plot of System

Size of Tank Existing (1000) Gals.

Nitrification Field:

No. of Lines Existing (4½x75)

Sq. Ft. _____ Linear Ft. (225)

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____ Rush Circle

COMMENTS: Existing system showing no signs of malfunction at time of inspection. System to be approved for a maximum of 2 bedrooms.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE 5-10-89

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