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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 D.A. Lemmond DATE Feb. 13, 1990 PERMIT NO. 2L-4-A-19

PHONE: Business _____ Home 378-8292

LOCATION 1100 TR Blome TL Beaten Path 1.4 mi TL Beaten Path 1.3 mi. to Wooden sign (Emblers) On right next drive S. R. No. _____

SUBDIVISION NAME CL+T LOT NO. 19 SECTION OR BLOCK NO. 9

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

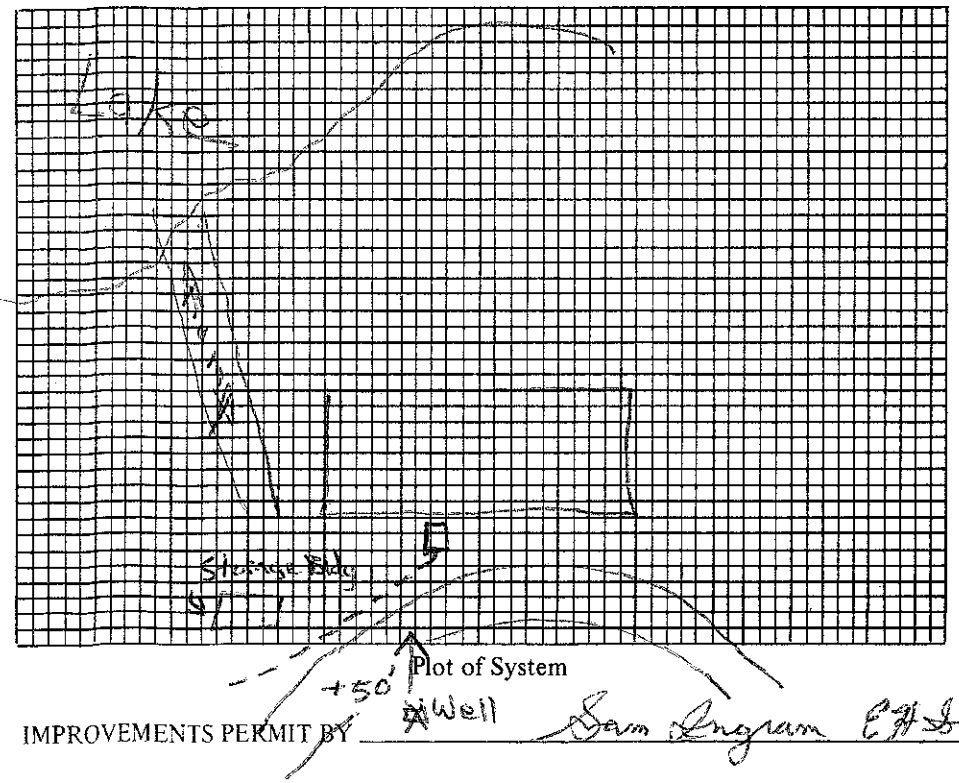
No. Bedrooms 2 No. Bathrooms 2

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

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank Existing Gals.
Nitrification Field:
No. of Lines -
Sq. Ft. _____ Linear Ft. -
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 D.A. Lemmond

IMPROVEMENTS PERMIT BY Sam Ingram EHS

COMMENTS: Replacing 12 x 60 MH 2 Bdr. with 14 x 70 MH 2 Bdr. Existing system appears to be functioning properly at the time of inspection due only to no effluent noted on surface of ground.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Sam Ingram EHS DATE Feb-13, 1990

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