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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR MAX E. WAUGH DATE 1-31-92. PERMIT NO. 3C-8-A-5.

PHONE: Business _____ Home _____

LOCATION Morrison Farm Rd. - go all the way down to forks - bear left + T.L. on Admiral Lane - go .4 mi. Lot on left. S.R. No. _____

SUBDIVISION NAME MORRISON POINT LOT NO. 5. SECTION OR BLOCK NO. _____

House [✓] Mobile Home [ ] Business [ ] Other _____

No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit Yes [ ] No [✓]

Auto. Dishwasher Yes [✓] No [ ]

Auto. Wash. Machine Yes [✓] No [ ]

Lot Area Ample.

Soil Characteristics Prev. Suitable.

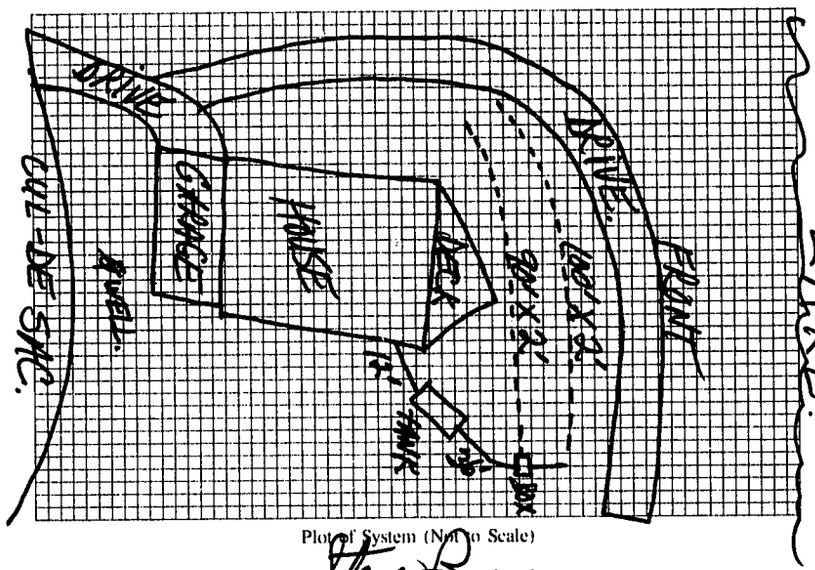
Application Rate .4 gal/sq. ft.

Topography 2-6%

Depth to Water Table 10'+

Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 380 Linear Ft. 190

Depth of Stone in Lines 6" SAND UNDER PANELS.

Water Supply: Individual [✓] Public [ ]

16" T+J PANEL SYSTEM INSTALLED.

Installed by Yountz + Sons

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Steve Brown

COMMENTS _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 1-31-92.

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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