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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 BEN BOWEN DATE 6-7-90 PERMIT NO 3C-2-A-15

PHONE: Business _____ Home _____

LOCATION Harrison Farm Rd - T.L. on Butternut Rd - 1/4 mi. on Rt.

S. R. No. _____

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

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

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area Ample.

Character & Porosity of Soil Sandy Loam Suitable.

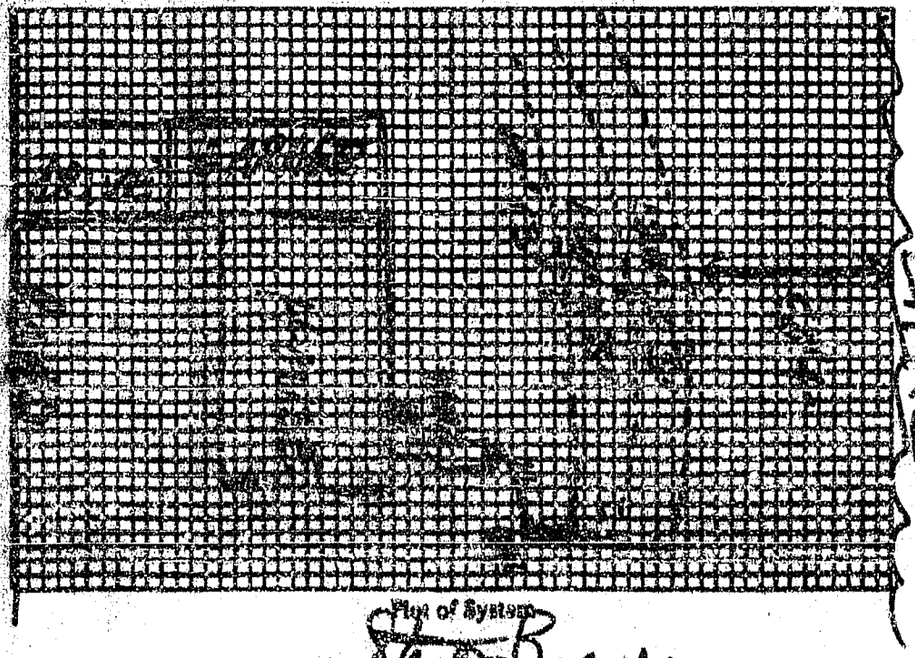
Percolation Rate 2-6-6-6-6

Topography Level

Depth to Water Table 10'+

Rock or other impervious formations None observed.

1 Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 960 Linear Ft. 320

Depth of Stone in Lines 12

Water Supply: Individual ( )

Public ( )

Installed by James Hubbard

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Load-mark in drainfield Rare stepdowns.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6-7-90

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