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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 Doug Bowman DATE 9-23-85 PERMIT NO. 414

PHONE: Business _____ Home _____

LOCATION 102 TR Schooner Lane TR Teakwood Head on / Cul-de-sac Sac S. R. No. _____

SUBDIVISION NAME SAILORS LAIR LOT NO. 8 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil Clay

Garbage Disposal Unit Yes ( ) No (X) Percolation Rate 0.59 gal/ft²/day

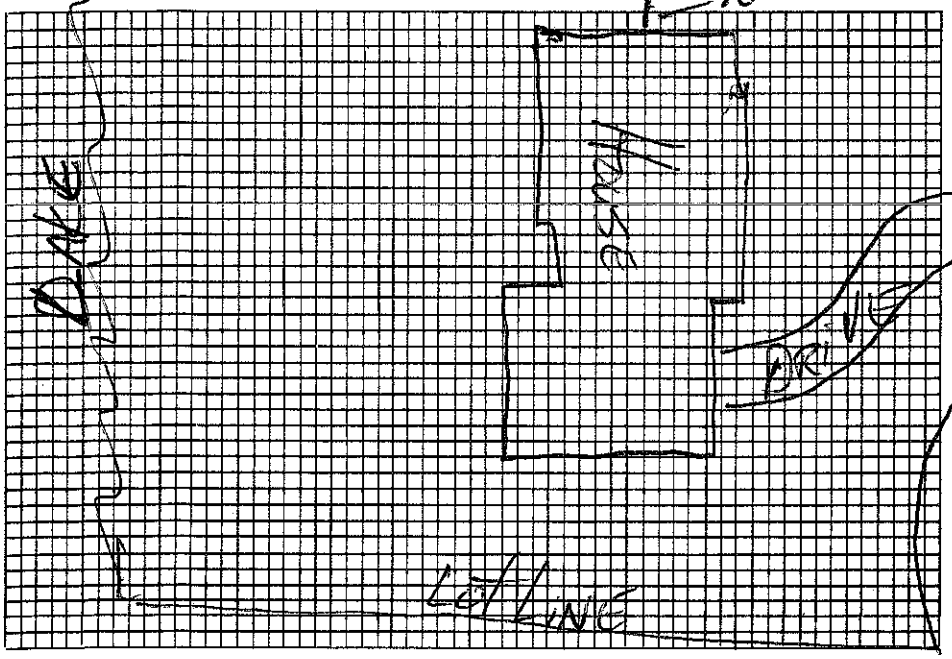
Auto. Dishwasher Yes (X) No ( ) Topography 8-10%

Auto. Wash. Machine Yes (X) No ( ) Depth to Water Table _____

Site Suitable Yes (X) No ( ) Rock or other impervious formations NONE obs

Lot Area 20,000 FT²

_____ Basement with Plumbing X Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by Sigmon Septic

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmons

COMMENTS: Get upper lines deep, well not down

CERTIFICATE OF COMPLETION BY Fred Clemmons DATE 9-23-85

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