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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 Carroll Rempe DATE 2-4-85 PERMIT NO. 63

PHONE: Business _____ Home _____

LOCATION 1100 ft 1143 ft R 2nd Entrance To Sunset Estates Rt in Stop Signal Lot on R PAST ACK Lot S. R. No. _____

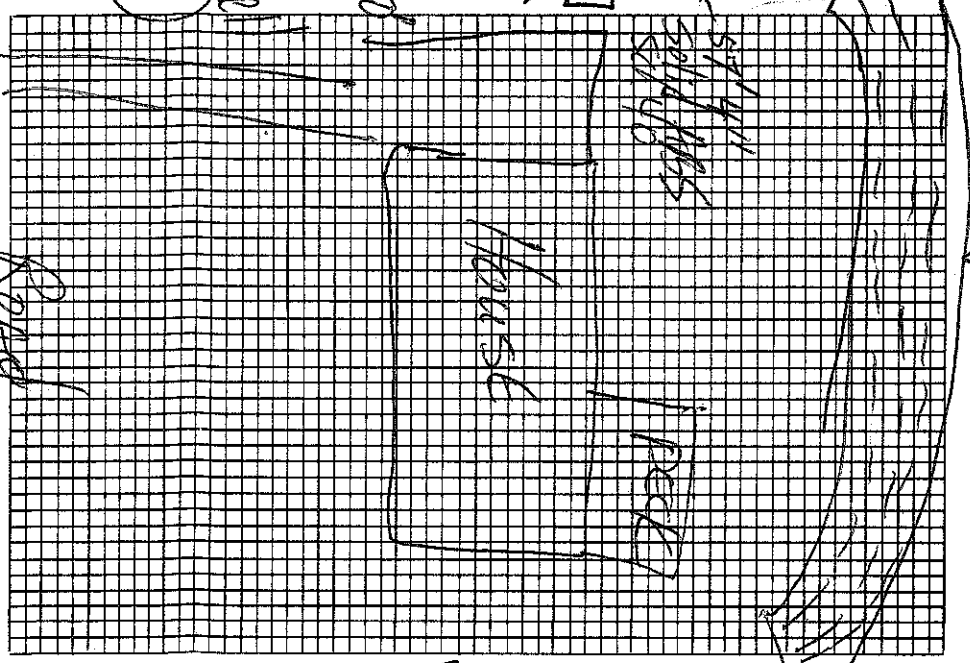
SUBDIVISION NAME Sunside Estates LOT NO. 15 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Clay Loam
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0.5 gpf
Auto. Wash. Machine	Yes (X)	No ( )	Topography	Fair
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4'0"
Lot Area 20,000 ft²			Rock or other impervious formations	None obs

_____ Basement with Plumbing _____ Basement without Plumbing (X) No Basement



Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft 1020 Lineal Ft. 340
Depth of Stone in Lines 24"

Water Supply: Individual (X)
Public ( )

Installed by Larry Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 3-4-85

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