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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 ROBERT B. KENYON DATE 8/26/88 PERMIT NO. 21C

PHONE: Business _____ Home 664-3570

LOCATION 1100 TL Stutts TR SOUTH WOOD
Bear TL SOUTHWOOD PK. 4th on left. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. 2G-8-A-45

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

adding a BATH/SITTING.

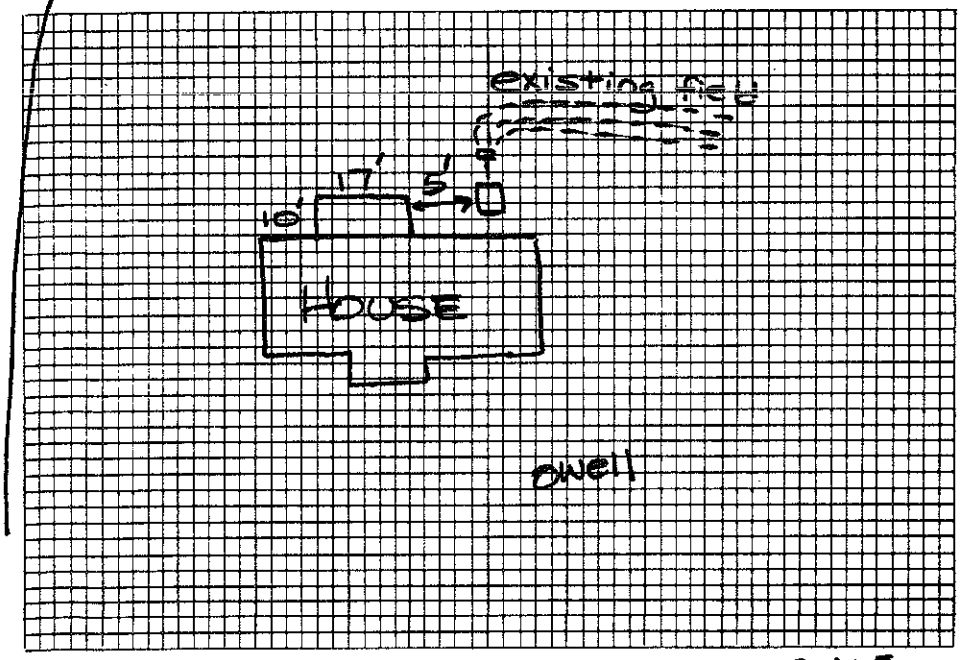
No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	existing
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes ( )	No ( )	Topography	
Site Suitable	Yes ( )	No ( )	Depth to Water Table	
			Rock or other impervious formations	

STREET

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System NOT TO SCALE

Size of Tank existing Gals.
Nitrification Field:
No. of Lines existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: PROPOSAL IS TOO CLOSE TO TANK. (MUST MAINTAIN 5' MINIMUM.) SYSTEM DRAINFIELD IS FAIRLY SATURATED; HOWEVER, NO SIGN OF SEWAGE IS SEEN AT GROUND SURFACE.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andre C. Prince DATE 8/26/88

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