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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 Westley V. Skillman DATE 12-22-86 PERMIT NO. 643

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112 on left ~1000' past water tank

S. R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 119-122 SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 3

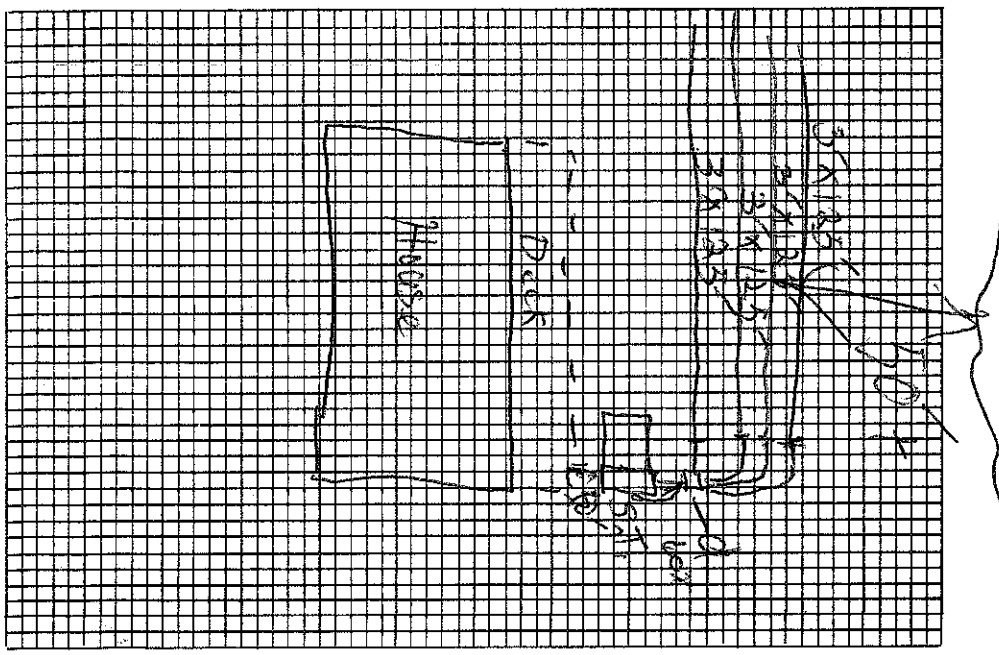
Garbage Disposal Unit Yes (+) No ( )
Auto. Dishwasher Yes (+) No ( )
Auto. Wash. Machine Yes (+) No ( )
Site Suitable Yes (+) No ( )

Lot Area 1 Acre +

Character & Porosity of Soil Clay
Percolation Rate .3-4m
Topography 10-25%
Depth to Water Table 4'+
Rock or ~~other impervious~~ formations None obs

Property Line

_____ Basement with Plumbing _____ Basement without Plumbing 0' _____ No Basement



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1300 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓) community well

Installed by Holland

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

Signed: _____

IMPROVEMENTS PERMIT BY David Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles K. Bennett R.S. DATE 12-22-86

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