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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 Faith Speece DATE 1/13/88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR Chuckwood On left ~ 1/10 mi.

S. R. No. _____

SUBDIVISION NAME Grady Mayhew LOT NO. 5A SECTION OR BLOCK NO. _____

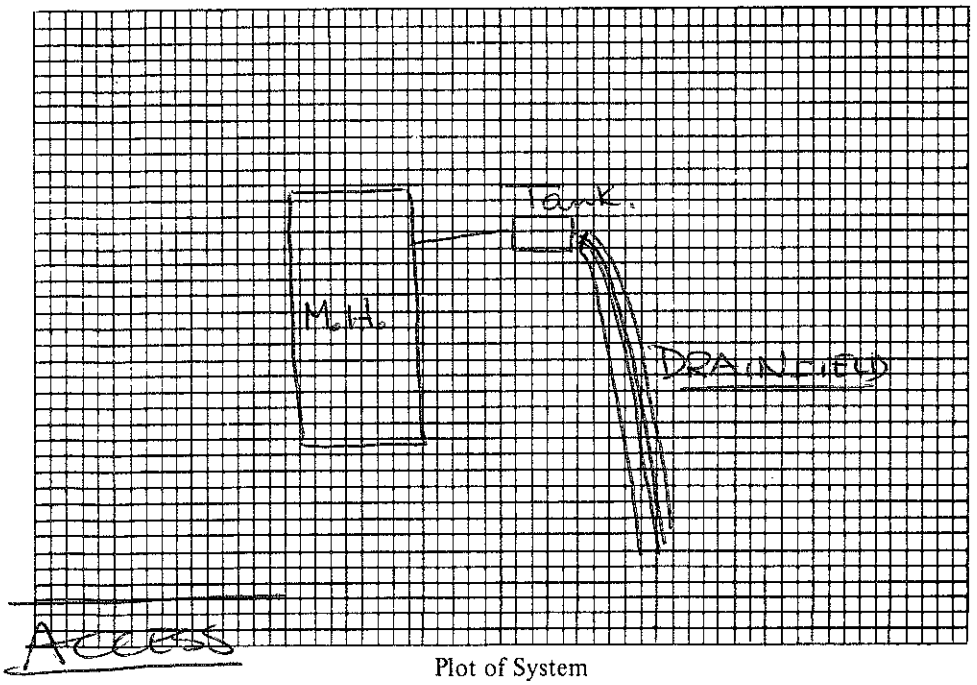
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 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		

Lot Area existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank existing Gals.

Nitrification Field:
No. of Lines existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: NO SIGN OF SEWAGE SEEN AT DATE OF INSPECTION (SYSTEM BEEN VACANT SINCE NOV.)

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andre C Pierce DATE 1/13/89

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