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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 Pam Nicks DATE 3/22/84 PERMIT NO. 74

PHONE: Business _____ Home _____

LOCATION 1100 TR 1112 TR 1212 About 0.4 mile on left

_____ S. R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 43 SECTION OR BLOCK NO. _____

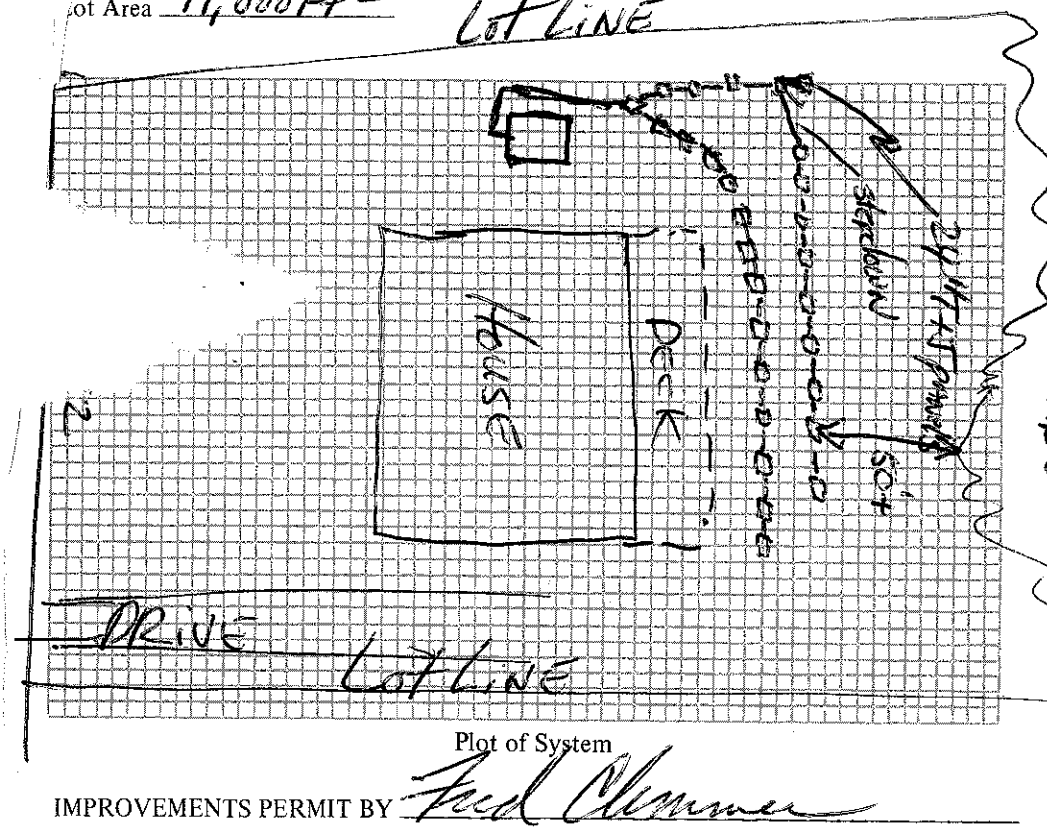
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 11,000 Ft²

Character & Porosity of Soil Clay loam
Percolation Rate 0.5 gal/ft²/day
Topography B-8%
Depth to Water Table 4ft
Rock or other impervious formations None downwards



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 120 LFT 24" Trench
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public (X)

Installed by Wayne Osborne

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 3/22/84

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