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IREDELL COUNTY HEALTH DEPARTMENT 4636937815

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Gayle B. Peters DATE June 20, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TC 1179 (Canvasback) TL Pintail Run
1R Ring Neck Trail Bear left ~500' on left S. R. No. _____

SUBDIVISION NAME Woodland Hills LOT NO. 88 SECTION OR BLOCK NO. 4

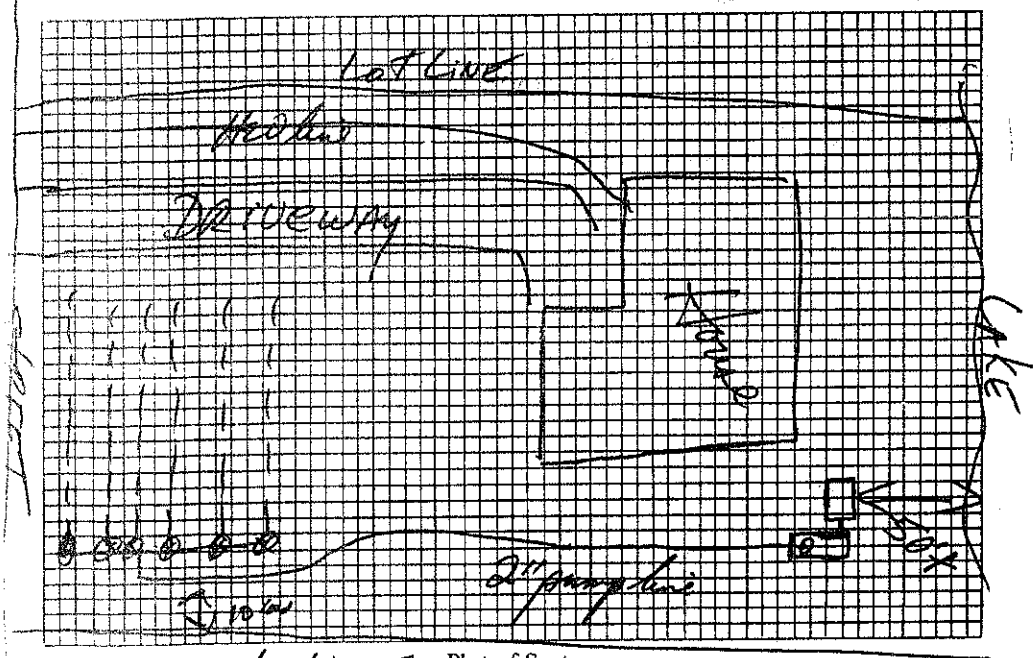
House (4) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3
Garbage Disposal Unit Yes (4) No ( )
Auto. Dishwasher Yes (4) No ( )
Auto. Wash. Machine Yes (4) No ( )
Site ~~Suitable~~ RS Yes (4) No ( )
Lot Area 20000ft²

Character & Porosity of Soil clay
Percolation Rate 4
Topography 4-8%
Depth to Water Table 4'
Rock or other impervious formations none obs.

1250 gal pump tank

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 6
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Orbison

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: Alarm checked on site and working, but not mounted yet.

CERTIFICATE OF COMPLETION BY [signature] R.S. DATE 6-20-88

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