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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 John Croley DATE 11-2-82 PERMIT NO. 350

PHONE: Business _____ Home _____

LOCATION 150 W. TR 1168 Ben Rt (1168) ~½ mile on Left

SUBDIVISION NAME L.N. S. R. No. _____

LOT NO. 74 SECTION OR BLOCK NO. 10

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

No. Bedrooms 3 No. Bathrooms 3

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

Lot Area ~ 3/4 Ac

Character & Porosity of Soil clay loam

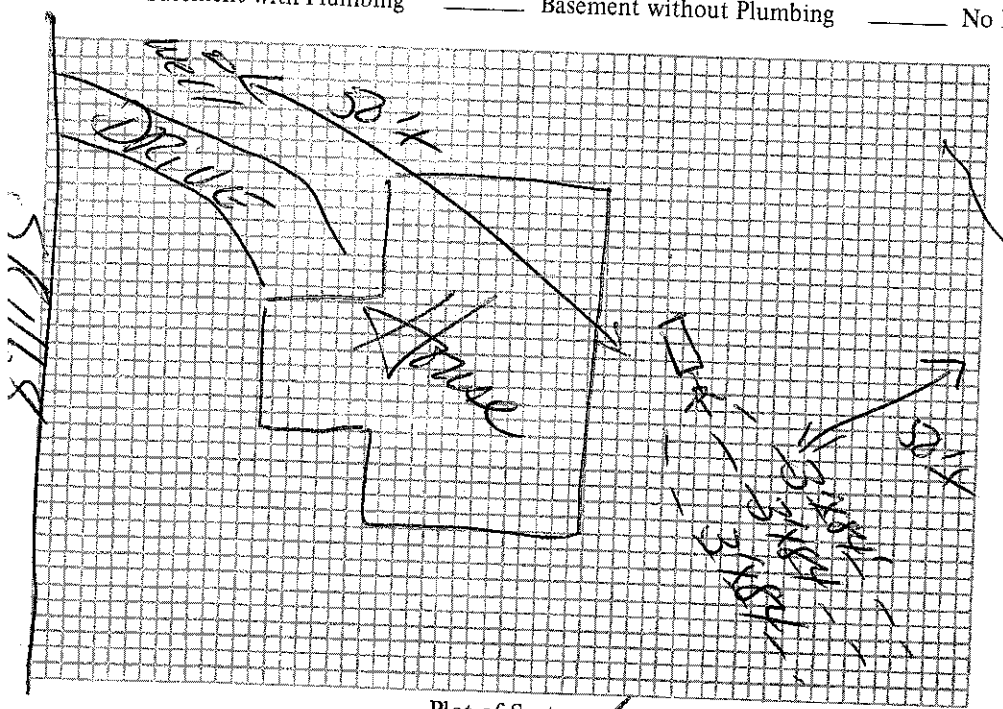
Percolation Rate 5 APP to 8

Topography 10-15% Lt

Depth to Water Table 4 ft

Rock or other impervious formations none obs.

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 150 Linear Ft. 250

Depth of Stone in Lines 12

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: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE 11-2-82

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