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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 Ed Beeker DATE 11-7-86 PERMIT NO. 595

PHONE: Business _____ Home _____

LOCATION 150W TR 1168 (McCrary) TR 1225 (Riverwood) ~ ¼ mile TR access road at end on point S. R. No. _____

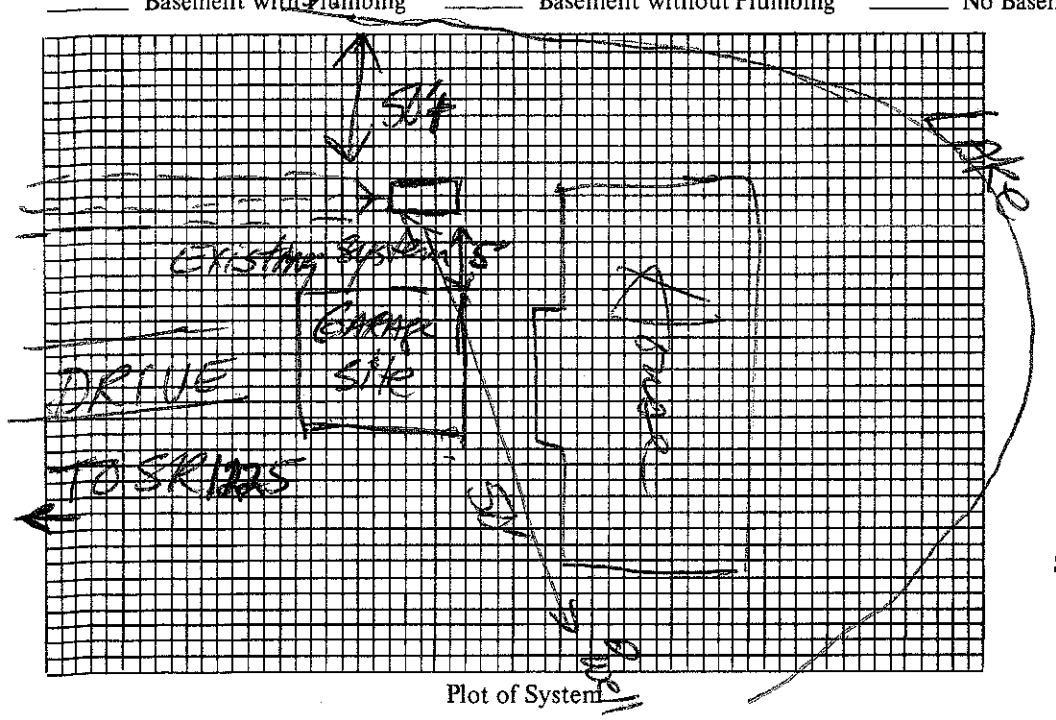
SUBDIVISION NAME C.N. LOT NO. _____ SECTION OR BLOCK NO. 10

Existing
House ( ) Mobile Home ( ) Business ( ) Other Building Garage - no plumbing

No. Bedrooms _____	No. Bathrooms _____		Character & Porosity of Soil _____	
Garbage Disposal Unit	Yes ( )	No ( )	Percolation Rate _____	
Auto. Dishwasher	Yes ( )	No ( )	Topography _____	
Auto. Wash. Machine	Yes ( )	No ( )	Depth to Water Table _____	
Site Suitable	Yes ( )	No ( )	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: Existing system OK at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: D R Hinson RS DATE 11-7-86

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