IREDELL COUNTY HEALTH DEPARTMENT 4638095096

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

OWNER OR CONTRACTOR Oscar L. Edwards DATE 2-28-85 PERMIT NO. 55

PHONE: Business _____ Home _____

LOCATION 1303 North TL 1300, TR Access from Kenwray (6398), left, at forks ¼ mile on R S. R. No. _____

SUBDIVISION NAME LAKE NORMAN LOT NO. 127 SECTION OR BLOCK NO. 15

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 EXISTING

Character & Porosity of Soil _____
Percolation Rate _____
Topography EXISTING
Depth to Water Table SYSTEM
Rock or other impervious formations _____

(X) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft 250
Depth of Stone in Lines 16"
Water Supply: Individual (X)
Public ( )
August, 6 1979
Installed by Lackey Const.

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

Signed: _____

System checked by David Hinson August 6, 1979

IMPROVEMENTS PERMIT BY David Hinson

COMMENTS: Existing System Working OK at date of inspection; owner to remove Mobile Home before final power Approval

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 2-28-85

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