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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 Jerry Furr DATE 1/17/89 PERMIT NO. 25-5-A-72

PHONE: Business _____ Home Don Innes 483-4576

LOCATION 150W TR Perth Rd TL Fern Hill TL 1st Broadview On Left

S. R. No. _____

SUBDIVISION NAME C L and T LOT NO. 72 SECTION OR BLOCK NO. 15

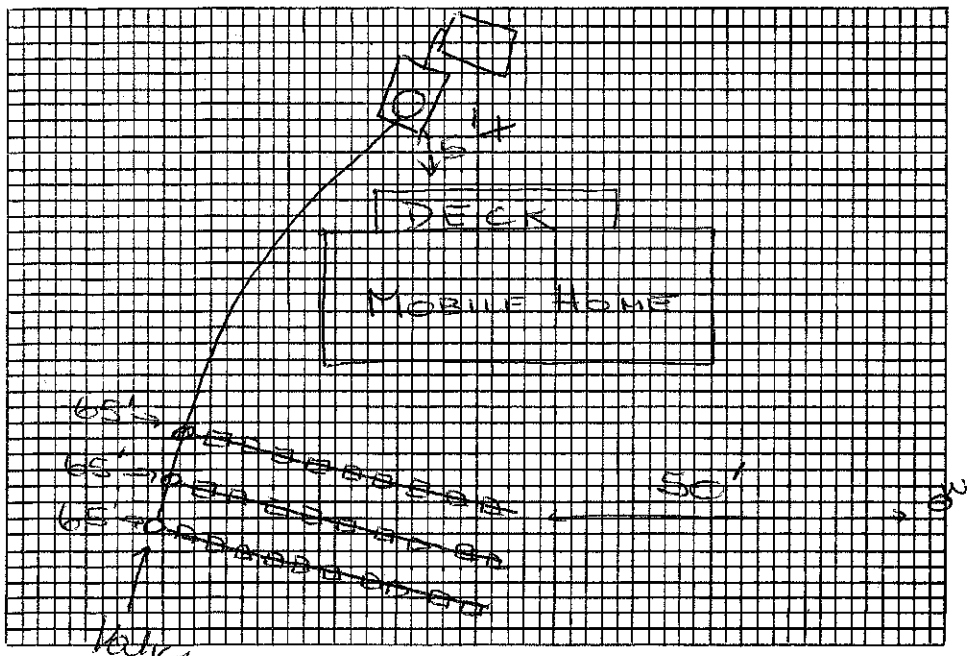
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil clayey
Percolation Rate 3 gpd / ft2
Topography 10%
Depth to Water Table 4'+
Rock or other impervious formations None observed

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement PT: 1000



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 195' of 16" T and
Sq. Ft. _____ Linear Ft. 3 panels
Depth of Stone in Lines _____
Water Supply: Individual (✓)
Public ( )

Installed by Don Innes

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

Signed: _____

IMPROVEMENTS PERMIT BY FREET Andre C. Pierce, R.S.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andre C. Pierce, R.S. DATE 8/18/89

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

mit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making rovements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold