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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 Laurel Edwards DATE 4-7-82 PERMIT NO. 75

PHONE: Business _____ Home _____

LOCATION 150 West TR1304 go to end bear left 8th lot on R

S. R. No. _____

SUBDIVISION NAME Lynn Brook Acres LOT NO. 9 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes	(X)	No	( )
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 Existing

Topography System

Depth to Water Table _____

Rock or other impervious formations _____

X Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Size of Tank 1250 gal Existing Gals.

Nitrification Field:

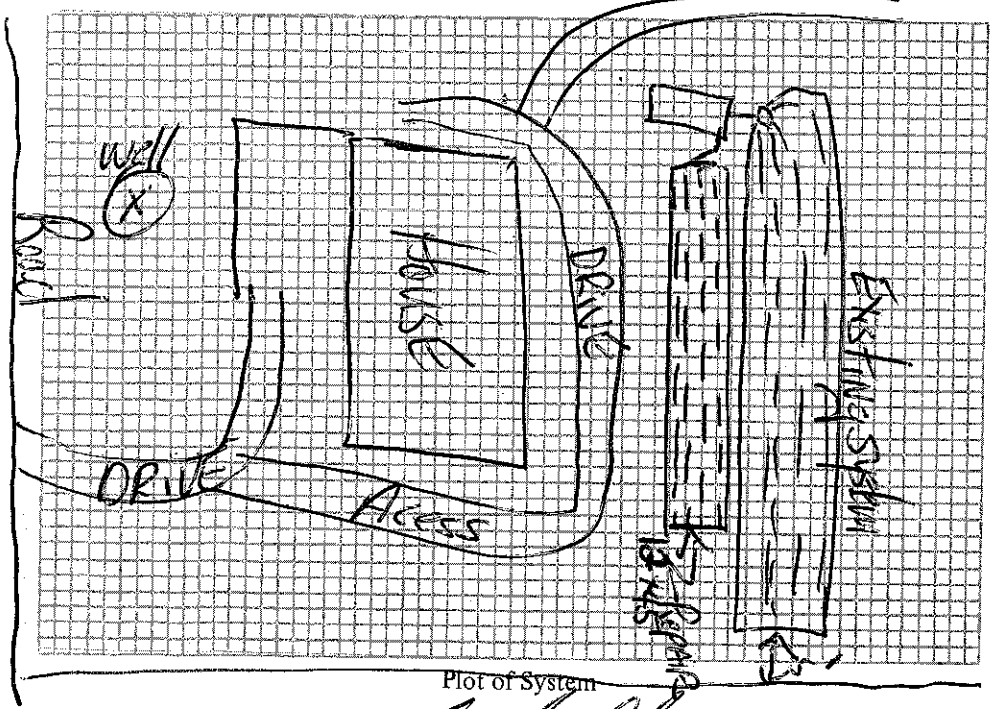
No. of Lines 4

Sq. Ft. 540 Linear Ft. 180

Depth of Stone in Lines 16"

Water Supply: Individual (X)

Public ( )



Plot of System

Installed by Sigmon Septic Tank

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Owner ~~Required~~ OKAYed Reduction in Amount of Line

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 4-7-82

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