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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 Edward E. Brooks DATE Nov. 16, '89 PERMIT NO. 2C-1-A-55

PHONE: Business _____ Home _____

LOCATION 1303 N. TR 1300 (Fern Hill) TR 1432 (Marietta) w/4 mile on Right S. R. No. _____

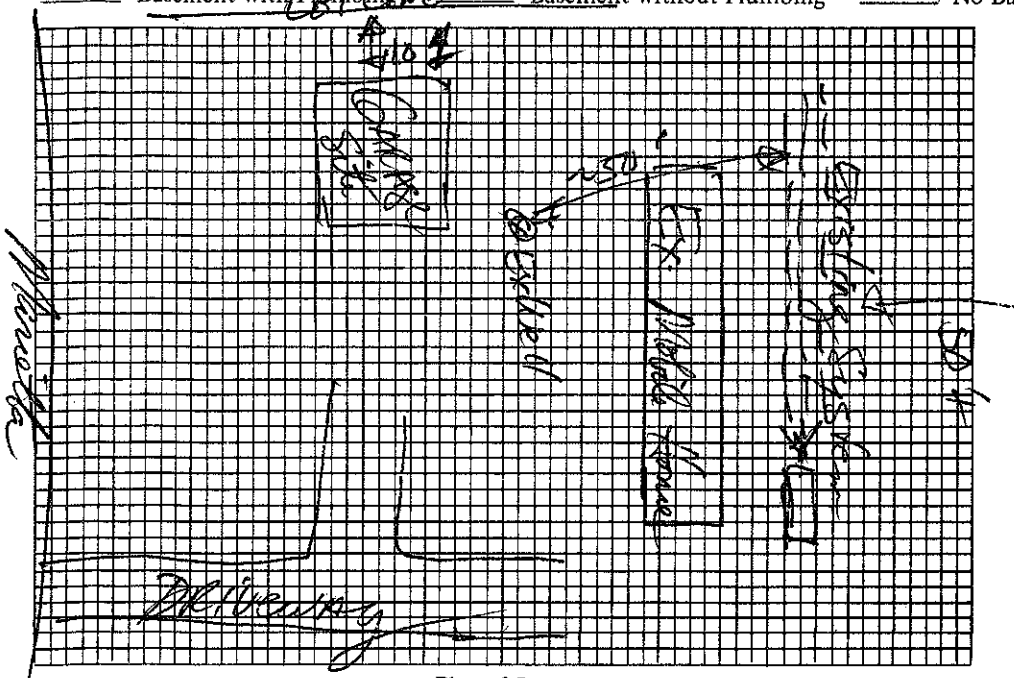
SUBDIVISION NAME CLAY LAKE NORMAN LOT NO. 55 SECTION OR BLOCK NO. 16

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 _____

_____ Basement with Plumbing NC _____ 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 ( )

Lake

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: No sign of sewage seen at time of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE 11-16-89

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