IREDELL COUNTY HEALTH DEPARTMENT 4645 223982

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

OWNER OR CONTRACTOR Jay Hopress DATE 11-19-84 PERMIT NO. 427

PHONE: Business _____ Home _____

LOCATION 402 XIT 7 R Yeoman Lane TR Mott Lane East Cross dam TR Outside Ste Hendon R S. R. No. _____

SUBDIVISION NAME Yeoman Shores LOT NO. 2 SECTION OR BLOCK NO. 2

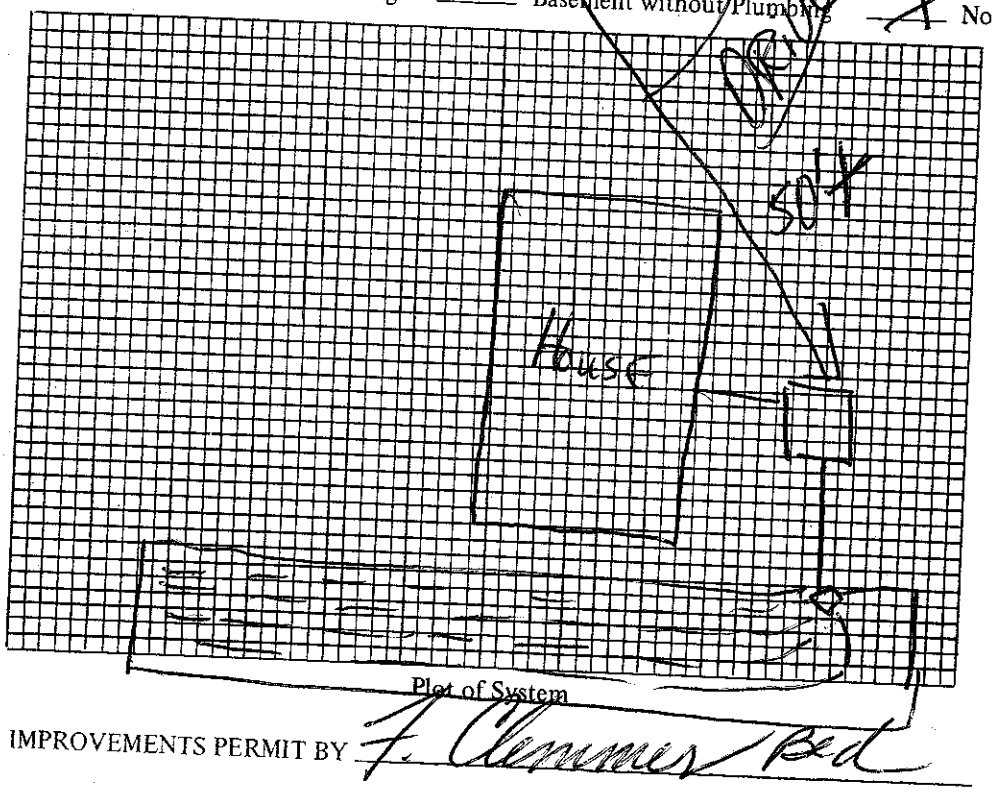
House (X) Mobile Home ( ) Business ( ) Other _____

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 20,000 FT2

Character & Porosity of Soil Clay Hardpan
Percolation Rate 0.5 gpm
Topography Level
Depth to Water Table 4 Ft
Rock or other impervious formations Above 065.



Plot of System

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by J. Ennis Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY J. Clemmer Bed

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 11-19-84

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