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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 Warren Weeks DATE April 18, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 S. X I77 TL 1206 (Alcove) TR Perrin Drive TL Water's Edge Court on left S. R. No. _____

SUBDIVISION NAME Water's Edge LOT NO. 26 SECTION OR BLOCK NO. _____

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

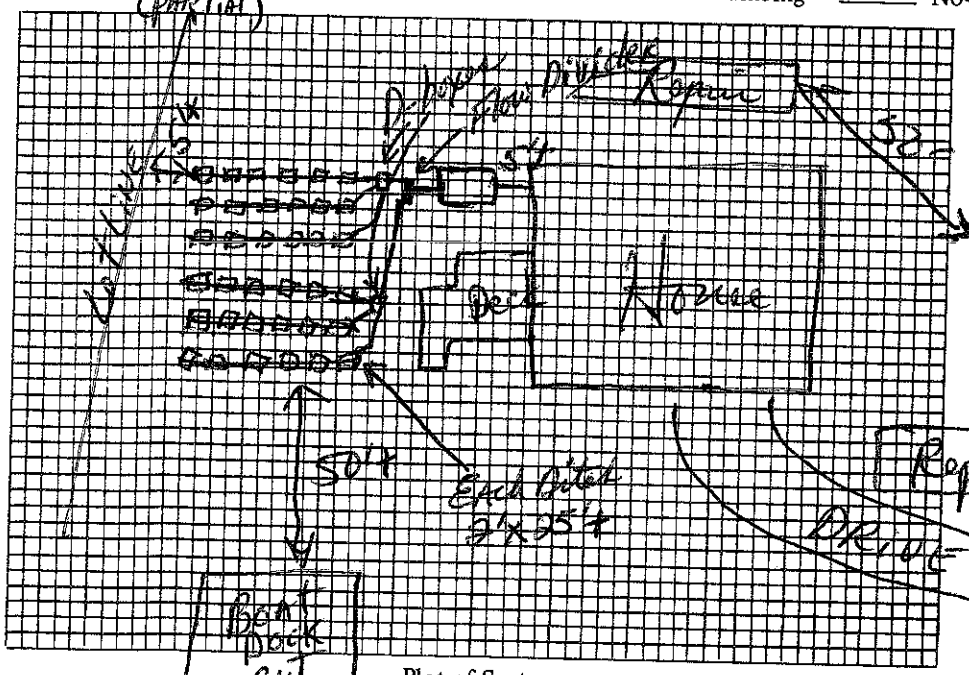
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ PS. Yes (✓) No ( )
Lot Area ½ Ac. +

Character & Porosity of Soil clay
Percolation Rate 3-4
Topography 15%
Depth to Water Table 6'+
Rock or other impervious formations none obs.

Sump chamber & pump in basement; pumped to main level plumbing

✓ Basement with Plumbing (partial) ____ Basement without Plumbing ____ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 6
Sq. Ft. _____ Linear Ft. 155'+
Depth of Stone in Lines 24" (2 panels)

Water Supply: Individual (✓) Public ( )

50'

Installed by A J Erwin

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

Signed: _____

Water's Edge Court

IMPROVEMENTS PERMIT BY [illegible]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [illegible], RS DATE 4-18-88

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