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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 Troy Thomas Miller DATE April 26, 1990 PERMIT NO. 2H-9-A-11

PHONE: Business _____ Home _____

LOCATION 115 S TR Langtree TR Dirt Drive (T-Lane) at end on rt.

SUBDIVISION NAME Cornelius S/D LOT NO. 11 SECTION OR BLOCK NO. _____ S. R. 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~~ Yes (✓) No ( )

Lot Area _____

Character & Porosity of Soil clayey

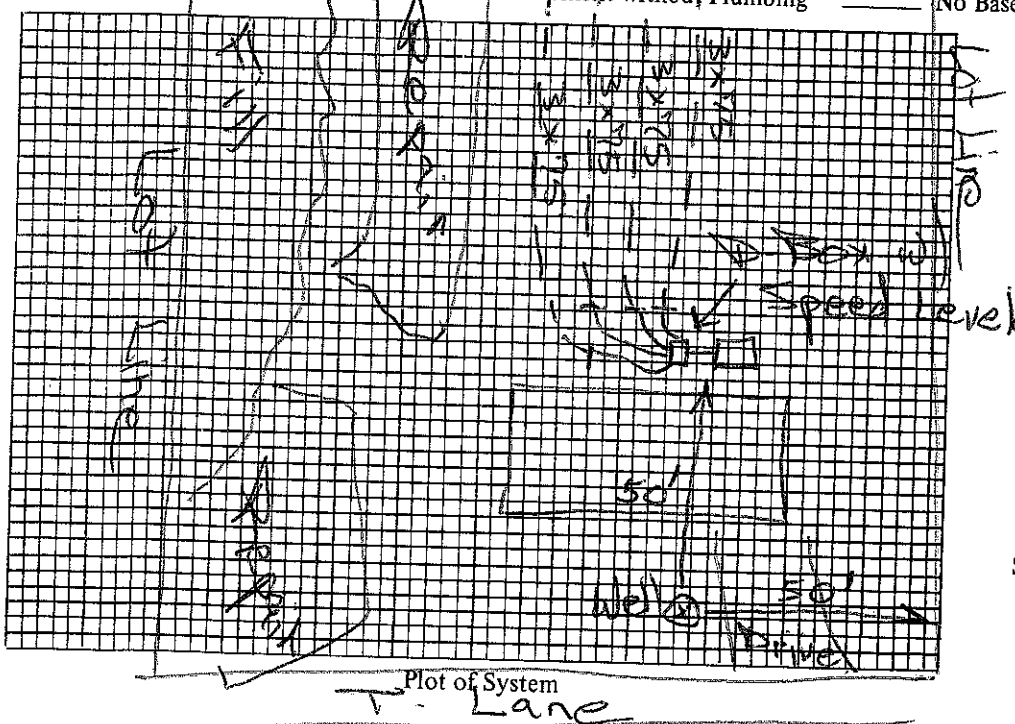
Percolation Rate No. 4

Topography 1-5%

Depth to Water Table +31

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

T-Lane

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by F J Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Well not installed at time of final inspection

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE 4/27/90

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