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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 C. W. Brewer DATE 6-12-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1109 TR 1190 (Sundown) TR 1290 (Brockway) on left at corner with Elysian Dr. S. R. No. _____

SUBDIVISION NAME Oldewood Harbor LOT NO. 56 SECTION OR BLOCK NO. _____

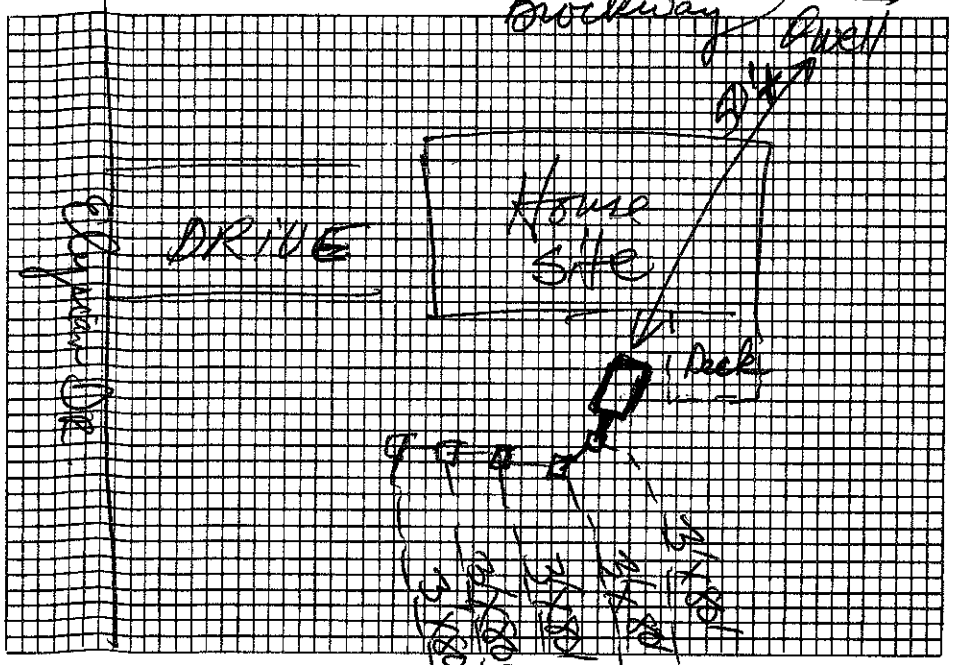
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 20000 ft²

Character & Porosity of Soil Clay
Percolation Rate 2, 3 4-60 Min
Topography Flat
Depth to Water Table more than 4 ft.
Rock or other impervious formations none obs.

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Robinson

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

Signed: _____

IMPROVEMENTS PERMIT BY CKB

COMMENTS: 10' ± LOT LINE

CERTIFICATE OF COMPLETION BY R. Robinson, RS. DATE 6-12-87

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