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IREDELL COUNTY HEALTH DEPARTMENT 4646-44-7274

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

OWNER OR CONTRACTOR Otto Snow DATE 9-6-83 PERMIT NO. 302

PHONE: Business _____ Home _____

LOCATION 1109 TR 1191 ~.3 mile on R

S. R. No. _____

SUBDIVISION NAME Bonanza LOT NO. 11 SECTION OR BLOCK NO. _____

House (X) Mobile Home ( ) Business ( ) Other Adding 2 Rooms Total 3BR MAXIMUM

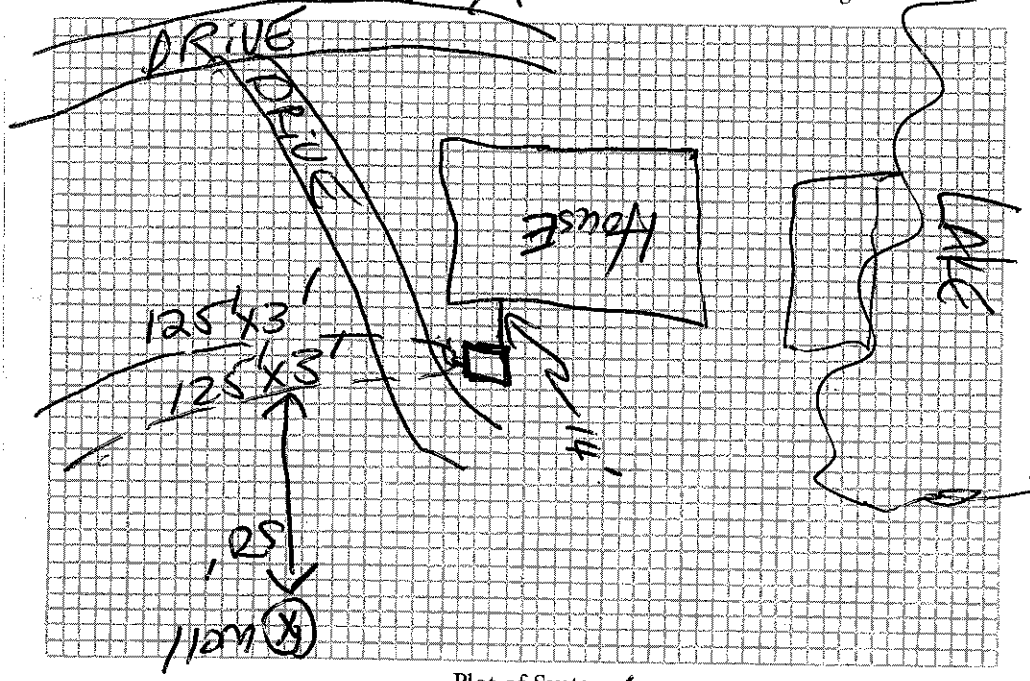
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)
Auto. Dishwasher	Yes (X)	No ( )
Auto. Wash. Machine	Yes (X)	No ( )
Site Suitable	Yes (X)	No ( )

Lot Area Existing

Character & Porosity of Soil _____
Percolation Rate _____
Topography Existing
Depth to Water Table _____
Rock or other impervious formations System

_____ Basement with Plumbing X Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250'
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by 10-16-81 Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY O. R. Hinson

COMMENTS: EXS System working O/K At date of inspection, owner should not drive over system

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 9-6-83

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

Sanitation