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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 Phyllis Brewer DATE 11-10-82 PERMIT NO. 363

PHONE: Business _____ Home _____

LOCATION 1109 TR 1190 TR 1290 TR Elysian Dr.

S. R. No. _____

SUBDIVISION NAME Idlewood Harbor LOT NO. 73 SECTION OR BLOCK NO. _____

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

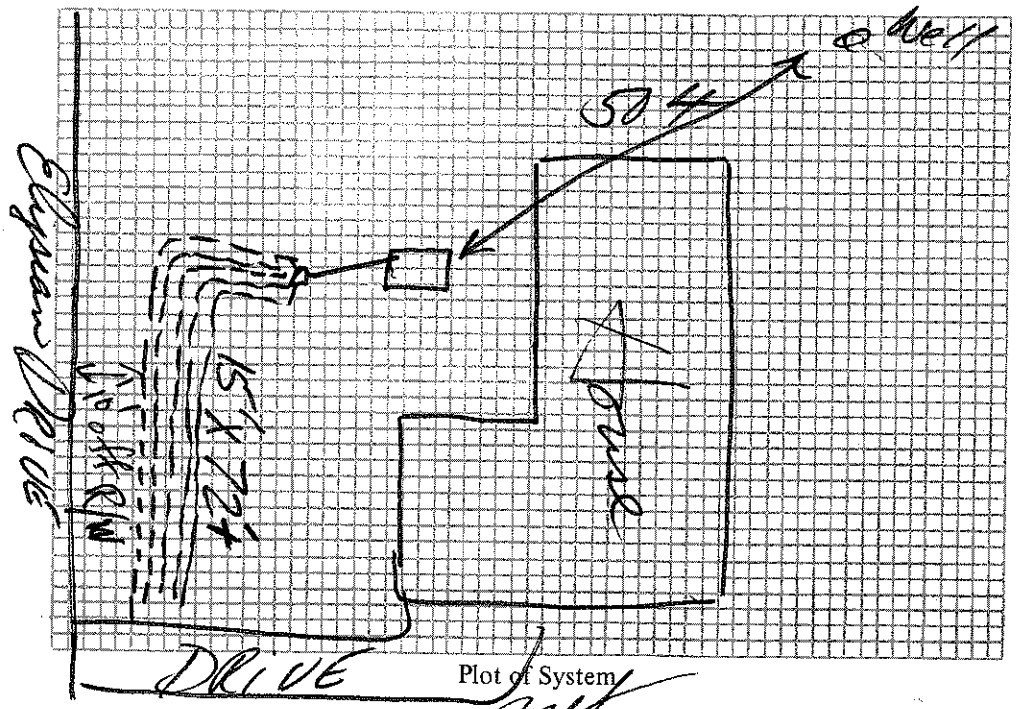
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clay Loam
Percolation Rate 15 Approx
Topography 15-25%
Depth to Water Table 4'+
Rock or other impervious formations None Obs

Lot Area 20000 ft²

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

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 (✓)
Public ( )

Installed by Bill Wallace

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Plumbing stubbed out high enough not to require pumping.

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 11-10-82
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