4647 35 5975

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 MEDA SAYA DATE 2/18/88 PERMIT NO.

PHONE: Business Home 664-5626

LOCATION 150 W TL 1109 ~ 1/4 mi on Right.

S. R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

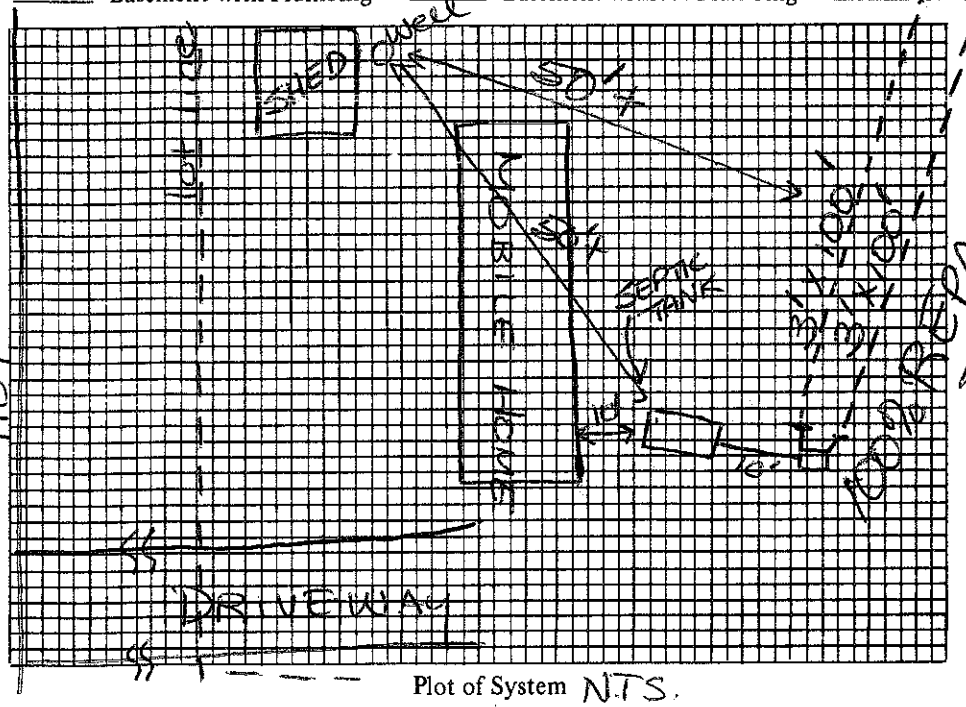
House ( ) Mobile Home (✓) Business ( ) Other

No. Bedrooms 2 No. Bathrooms ~ 1 1/2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	~.4 gpd/ft²
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	4-8%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	none observed

Lot Area ~3/4 ACRE

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System N.T.S.

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by LARRY BEAM

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

Signed:

IMPROVEMENTS PERMIT BY ACP

COMMENTS: GOOD JOB!

CERTIFICATE OF COMPLETION BY André C. Prince DATE 2/18/88

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

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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 Meda Saya DATE 9-8-87 PERMIT NO.

PHONE: Business Home

LOCATION 150 W T.L. 1109 ~1/2 mi on Right

S. R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

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

No. Bedrooms 2 No. Bathrooms ~1 1/2

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

Character & Porosity of Soil clayey

Percolation Rate ~.4

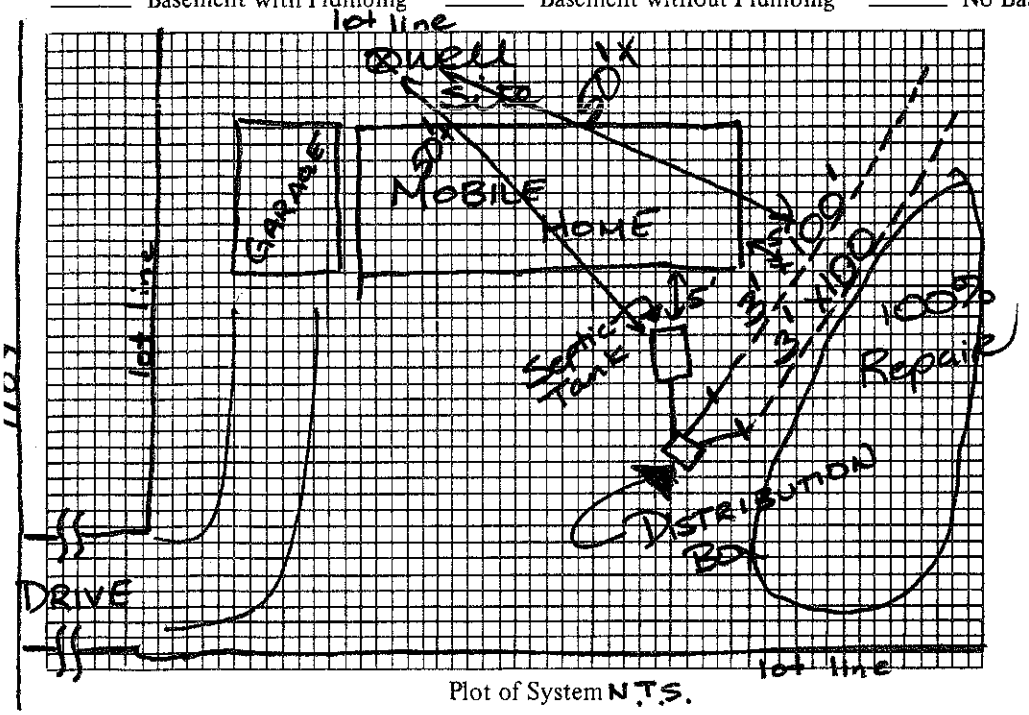
Topography 4-8%

Depth to Water Table 4'+

Rock or other impervious formations none observed

Lot Area ~3/4 Acre

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System N.T.S.

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by

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

Signed: Meda Saya

IMPROVEMENTS PERMIT BY Andre C. Pierce

COMMENTS: Run lines on contour. Depth 30" to bottom of ditch.

Equal distribution from distribution box.

Save area below original installation for 100% Repair.

CERTIFICATE OF COMPLETION BY DATE

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