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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 Frances Byers Carter DATE 1/9/89 QUAD# PERMIT NO. 18C

PHONE: Business _____ Home _____

LOCATION 21 N. TL ~~Perth Rd.~~ Cornelius Rd. On R ~ 1 mile. 2nd drive before I-77 S. R. No. _____

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

Tax #: 2Q-B-2A Davidson.

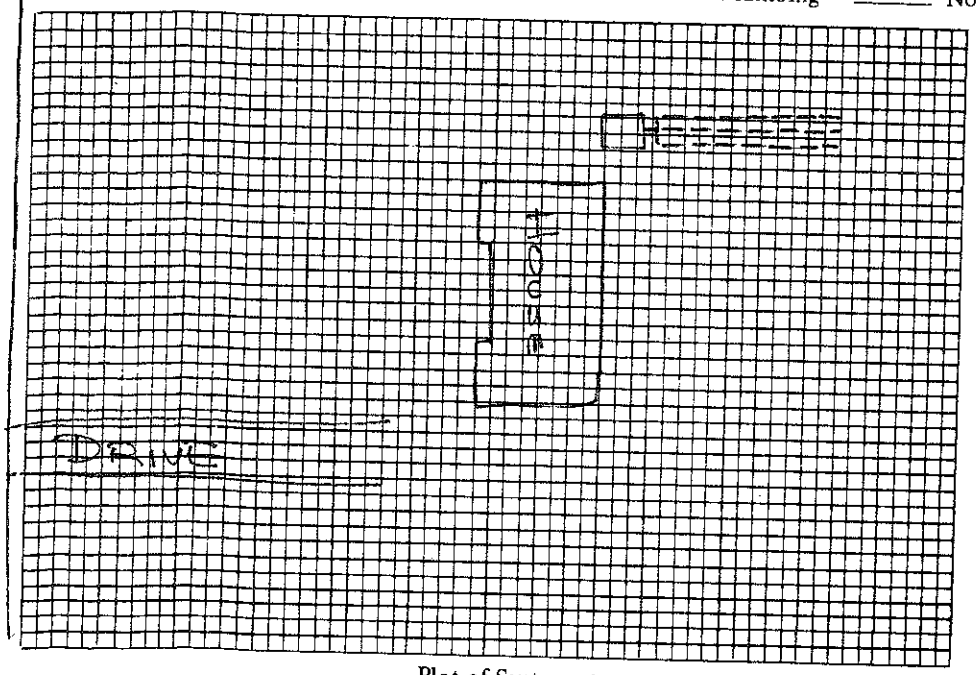
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil existing system
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate
Auto. Wash. Machine	Yes ( )	No (✓)	Topography
Site Suitable	Yes ( )	No ( )	Depth to Water Table
			Rock or other impervious formations

Lot Area existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System NOT TO SCALE

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: No sign of sewage seen at this inspection. Drainfield is dry. System is adequate for 2 BR structure.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andre C. Rivera DATE 1/9/89

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