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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 Floyd Blackwell DATE 5/4/89 PERMIT NO. _____

PHONE: Business _____ Home 892-6536

LOCATION 115 S. TL Midway Lake Rd. ~1mi. TR ~600' on left S. R. No. _____

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

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

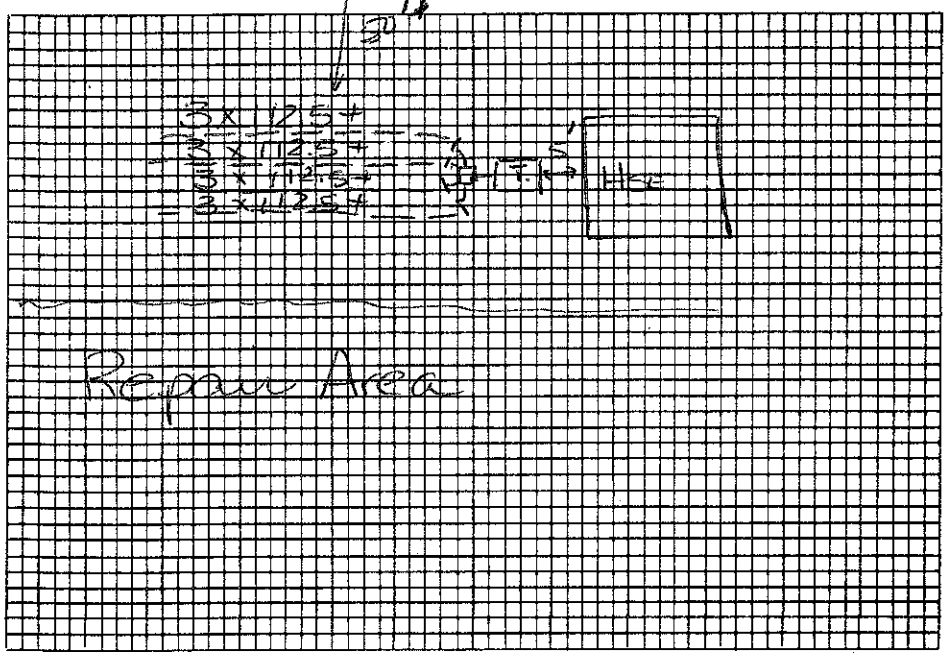
No. Bedrooms 3 No. Bathrooms 1½

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

Character & Porosity of Soil Clay (heavy)
Percolation Rate .25
Topography 2%
Depth to Water Table 4'+
Rock or other impervious formations none ob.

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System NOT TO SCALE

Size of Tank 1500 Ass'd 5/4/89 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1350+ Linear Ft. 450+
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Bobby Mayhew

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

Signed: _____

IMPROVEMENTS PERMIT BY Andrew C. Pierce

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Pierce DATE 5/4/89

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