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IREDELL COUNTY HEALTH DEPARTMENT 4655321897

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

OWNER OR CONTRACTOR Albert Tennant DATE Nov. 25, 87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1223 (Eastport Drive) TR 1224 at end on left S. R. No. _____

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

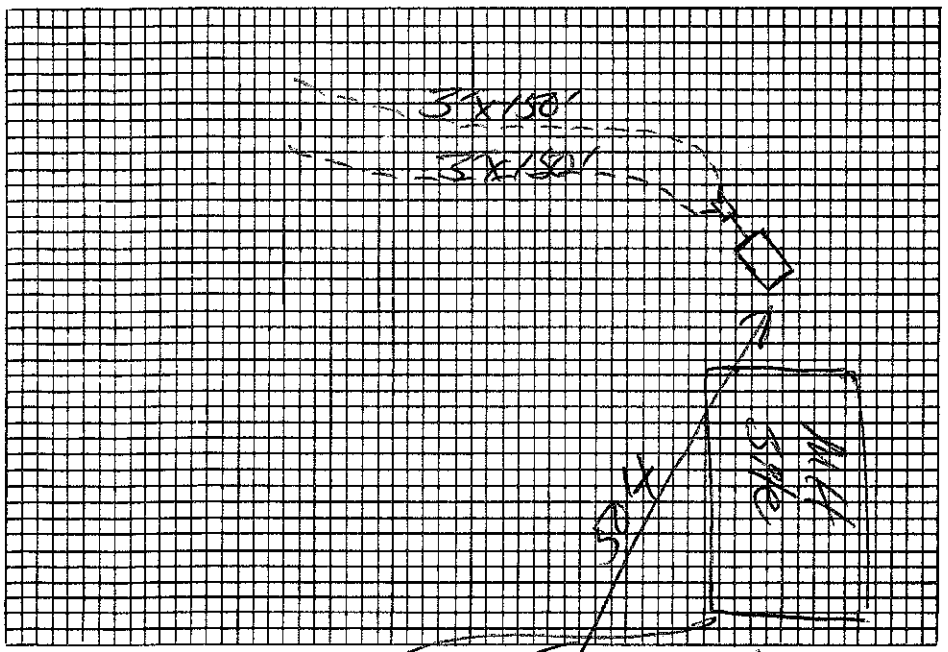
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	shallow clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	7-4	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	4-8%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	31'	
			Rock or other impervious formations	none obs.	

Lot Area 1.7Ac

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Tim Smith
Cedarwood Septic Service

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: & well

CERTIFICATE OF COMPLETION BY D. R. Hinson, RS DATE 11-25-87

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: G