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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 David & Paul Bass DATE 1-30-87 PERMIT NO. 40

PHONE: Business _____ Home _____

LOCATION 115 S TR on Waterlynn Rd X RR track 2nd lot on left

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms _____

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes (✓) No ( )

Lot Area _____ drain Field

Character & Porosity of Soil _____

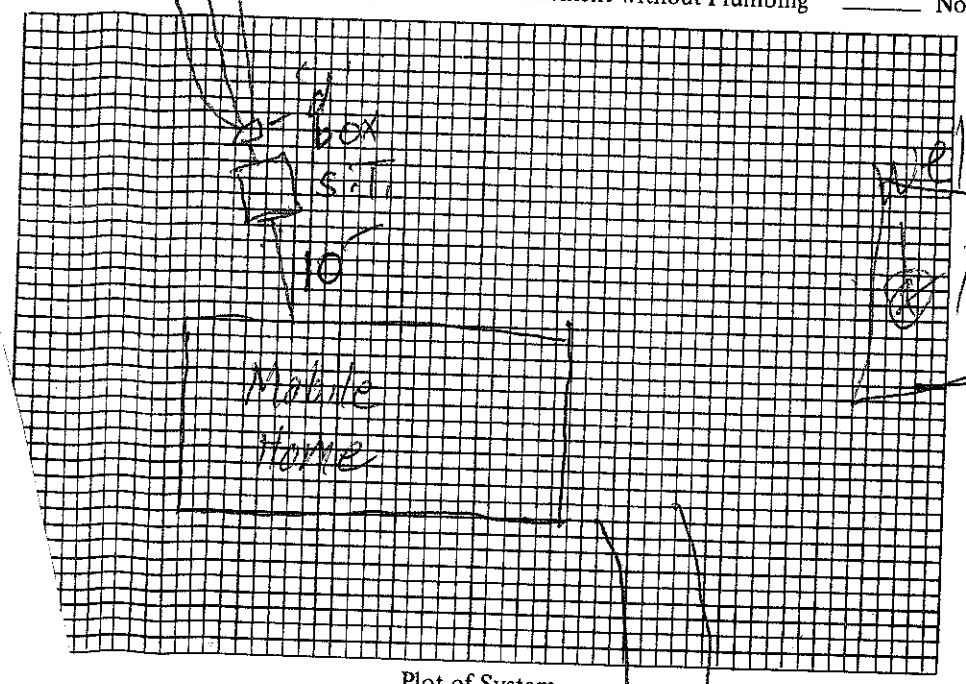
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1 Gals.

Nitrification Field:

No. of Lines Existing

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual (✓) Next

Public ( ) door

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: existing system working OK at date of inspection 2 bedroom to three bedroom OK

CERTIFICATE OF COMPLETION BY _____ DATE _____

SYSTEM CHECKED BY: Charles K. Barnett R.S. DATE 1-30-87

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making this Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold