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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 Janie Mauney DATE 2/7/91 PERMIT NO. 2H9-A-8A

PHONE: Business _____ Home 704-535-8574

LOCATION 1155 on right, 2nd lot past Watts Lynn Rd. (SR 1135)

S. R. No. 1155

SUBDIVISION NAME N/A LOT NO. N/A SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business (✓) Other 8 seat, single service restaurant

No. Bedrooms — No. Bathrooms 2

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

Character & Porosity of Soil clay

Percolation Rate LTAR .25

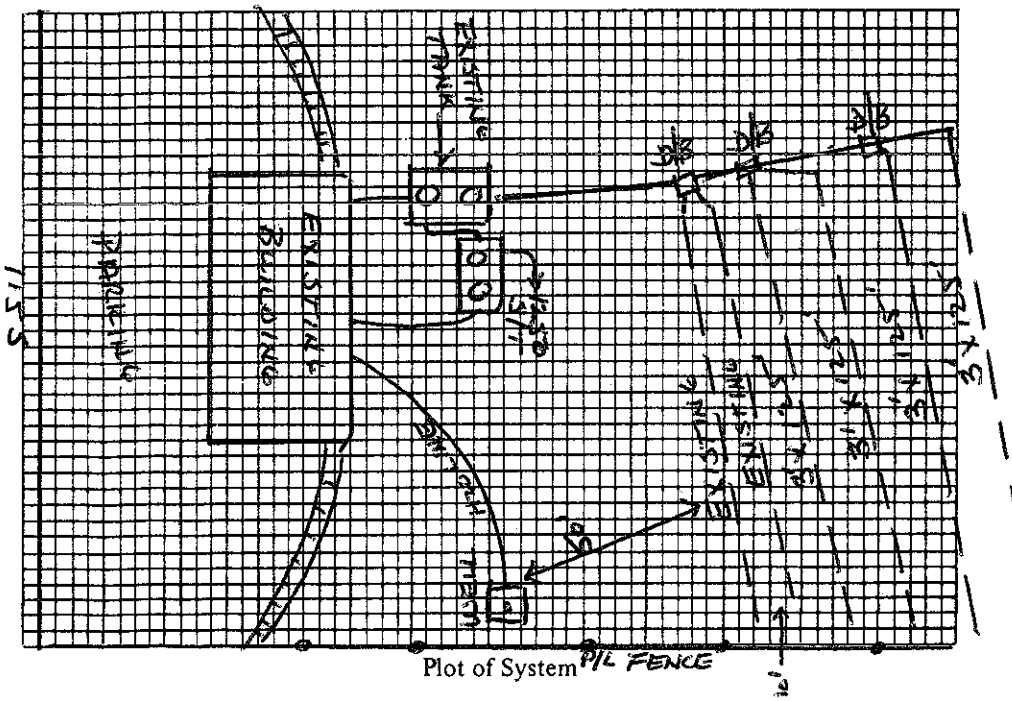
Topography 20%

Depth to Water Table >48"

Rock or other impervious formations NONE FOUND

Lot Area _____

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1500 Linear Ft. 500

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Julian Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: This system is approved for 8 seat, single service restaurant. When easement is acquired for Repair Area from R/R then system may be approved for greater number of seats.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 2/7/91

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