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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 Greene DATE Sept. 5, '91 PERMIT NO 2H-7-A-2

PHONE: Business _____ Home _____

LOCATION 115 S. on Right approx ¼ mile before get w/ Waterlynn Road S. R. No. _____

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

450 gpd design flow

House ( ) Mobile Home ( ) Business (✓) Other Upgrading sewage system for 3 chair beauty Shop & 3 (1 person) offices

No. Bedrooms ~ No. Bathrooms 4

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes ( ) No (✓)

Site ~~Suitable~~ PS Yes ( ) No ( )

Lot Area Existing

Character & Porosity of Soil PS clay / loam

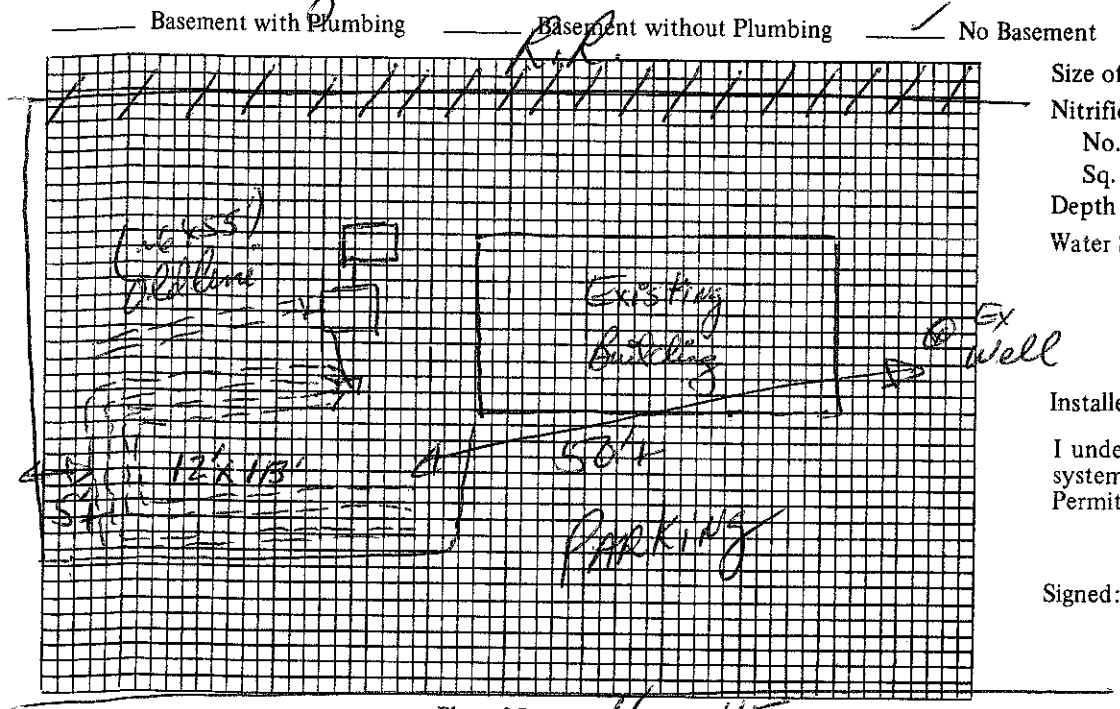
Percolation Rate 1, 4

Topography 0-2%

Depth to Water Table 6'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System Hwy 115

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 12'x113'+

Sq. Ft. 1356 Linear Ft. 452 + Existing

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by J R Bowler

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R Hinson, RS DATE _____

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