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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 Carol Lo Belvin DATE Aug 24 '88 PERMIT NO. 218

PHONE: Business _____ Home _____

LOCATION Lowrance Ave. Turn on Norman Drive TR Club Drive 2nd Lot on left S. R. No. _____

SUBDIVISION NAME Wilton Forest LOT NO. 17 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ BS Yes (✓) No ( )

Lot Area 15000ft²+

Character & Porosity of Soil Bank clay

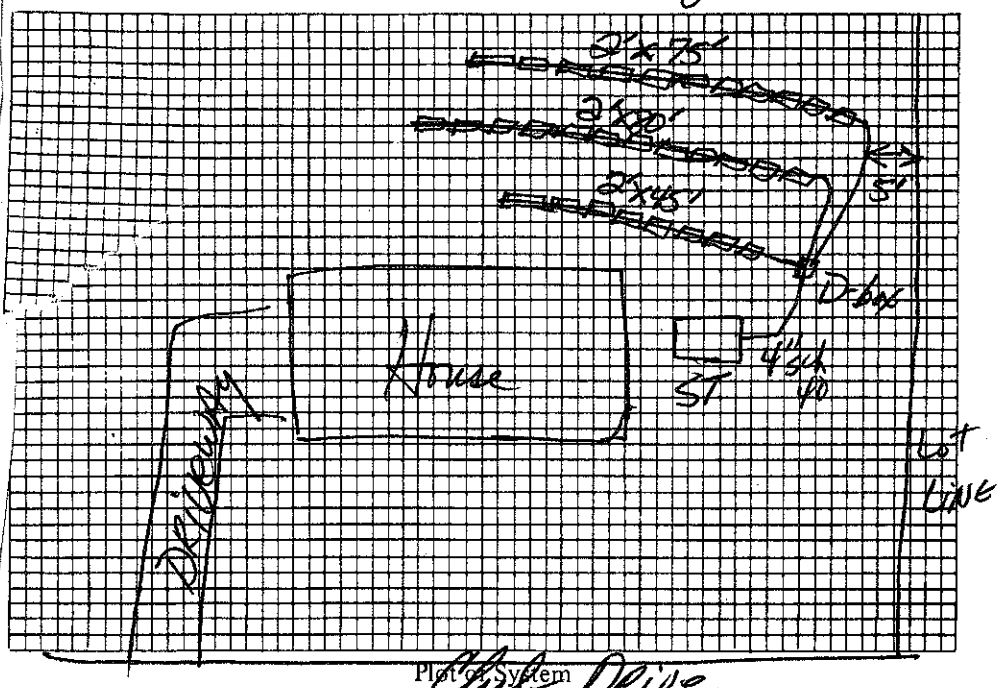
Percolation Rate 2-3

Topography ~10% Drainageway

Depth to Water Table 4ft

Rock or other impervious formations more Obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 200'

Depth of Stone in Lines 16" Tk

Water Supply: Individual ( ) gravel

Public (✓) gravity flow

Installed by J R Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J R Hinson RS. DATE 8-24-88

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