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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 Henry L. Adams DATE June 19, '90 PERMIT NO. IL A54

PHONE: Business _____ Home _____

LOCATION 21 N. TL 1302 (Cornelius) TL 2721 on Right at end

S. R. No. _____

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

House (✓) Mobile Home ( ) Business ( ) Other Repair to existing system; replacing DW Mobile Home with house

No. Bedrooms 5 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable ___ Yes ( ) No ( )

Lot Area Existing

Character & Porosity of Soil _____

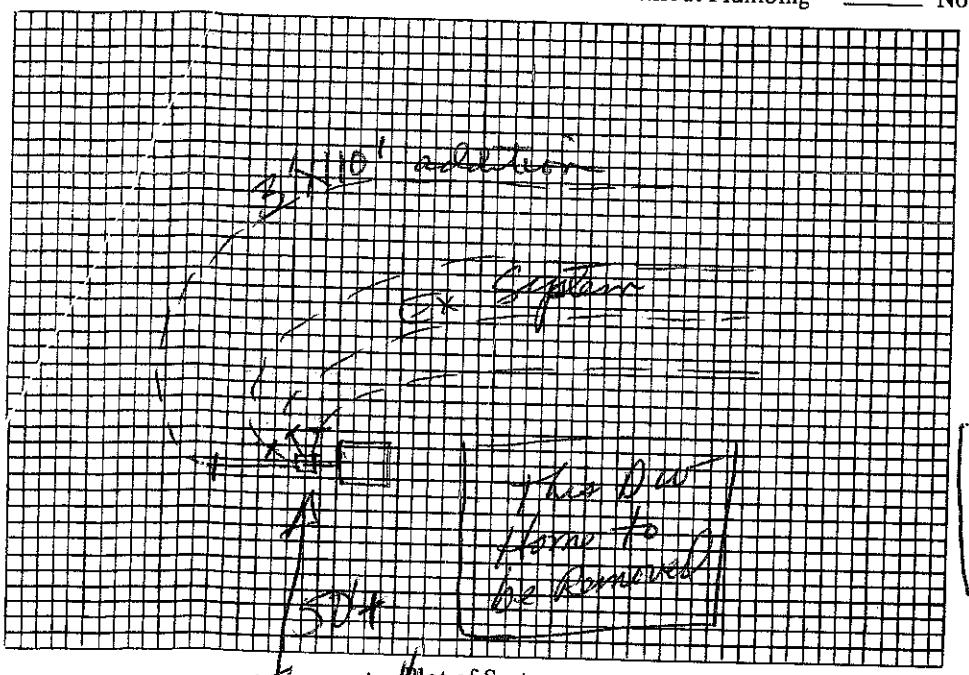
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. _____ Linear Ft. 110

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Cuthbertson

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

New Home

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: Plumbing in new house may have to be raised to reach existing tank.

CERTIFICATE OF COMPLETION BY Jesse L. Hinson, EHS DATE 6-19-90

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