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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 Sadie C Ramsey DATE 5/24/91 PERMIT NO. IM-11-B-43

PHONE: Business _____ Home 663-1792

LOCATION 21N TR Glory Rd. Curve to the (R), 2nd house on R

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 43 SECTION OR BLOCK NO. _____

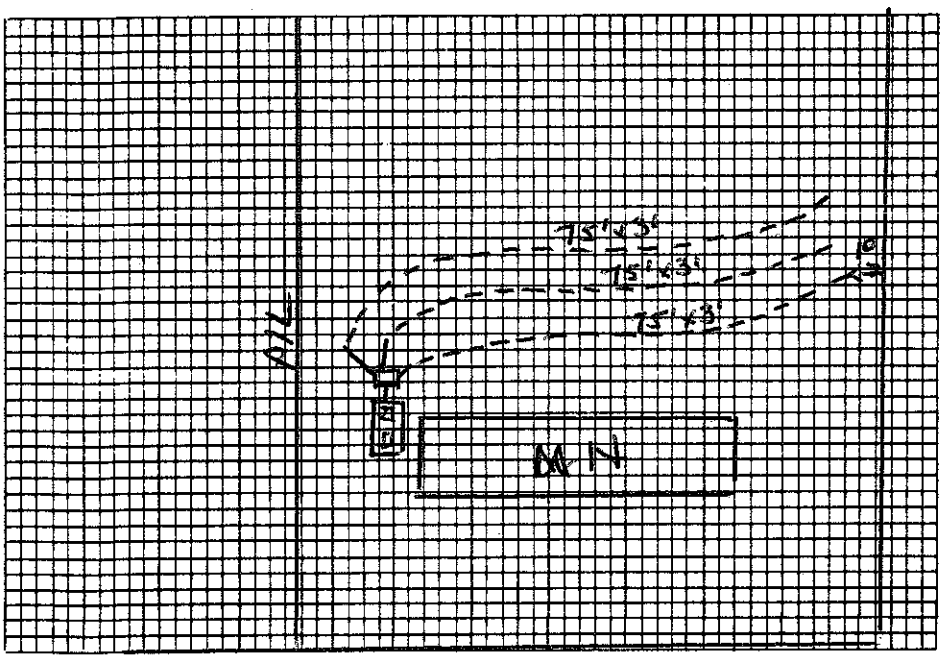
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	P - clayey, partial fill
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	.35
Auto. Wash. Machine	Yes ( )	No ( )	Topography	4%
Site Suitable	Yes ( )	No ( )	Depth to Water Table	4+
			Rock or other impervious formations	none observed

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3@ 75'x3'

Sq. Ft. 675 Linear Ft. 225'

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Leatherwood

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 5/24/91

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