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 Raymond Brown DATE 8/8/90 PERMIT NO. —

PHONE: Business _____ Home _____

LOCATION 115 N. on left just past Mazeppa Rd. Across from NGK Ceramics S. R. No. _____

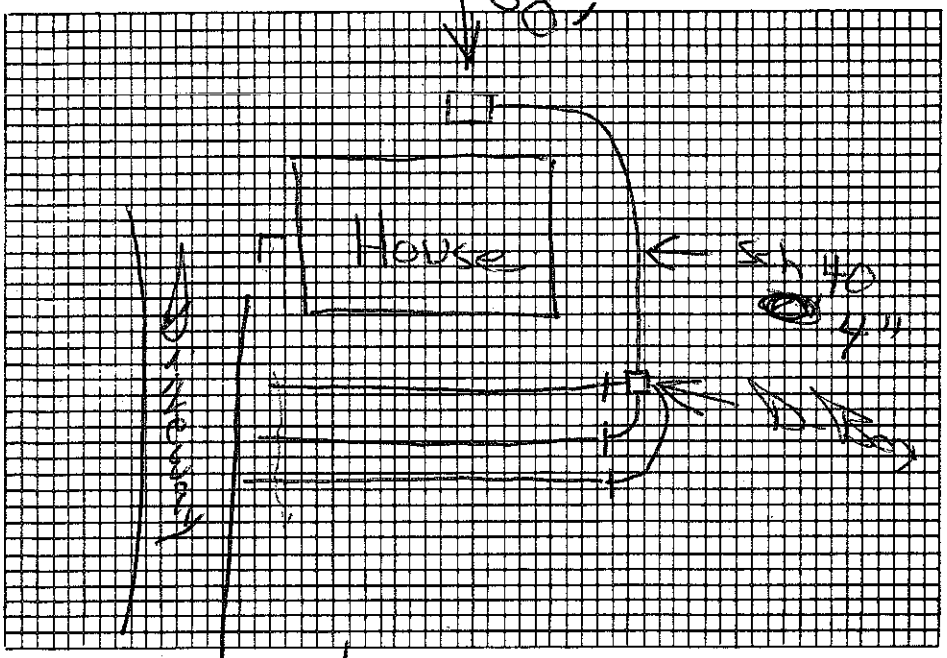
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay No. 4
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	2 30
Auto. Wash Machine	Yes (✓)	No ( )	Topography	4% +
Site ~~Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table	
Lot Area Existing			Rock or other impervious formations	non obs

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



115-21 N

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Mike Leazer

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: New pvc tee installed

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE 8/8/90

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

→ 4:00

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 Raymond Brown DATE Dec 15, 89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N. on left just past Nazzaro Rd. (across from NGK ceramics) S. R. No. _____

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

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area Existing 5½

Character & Porosity of Soil clay

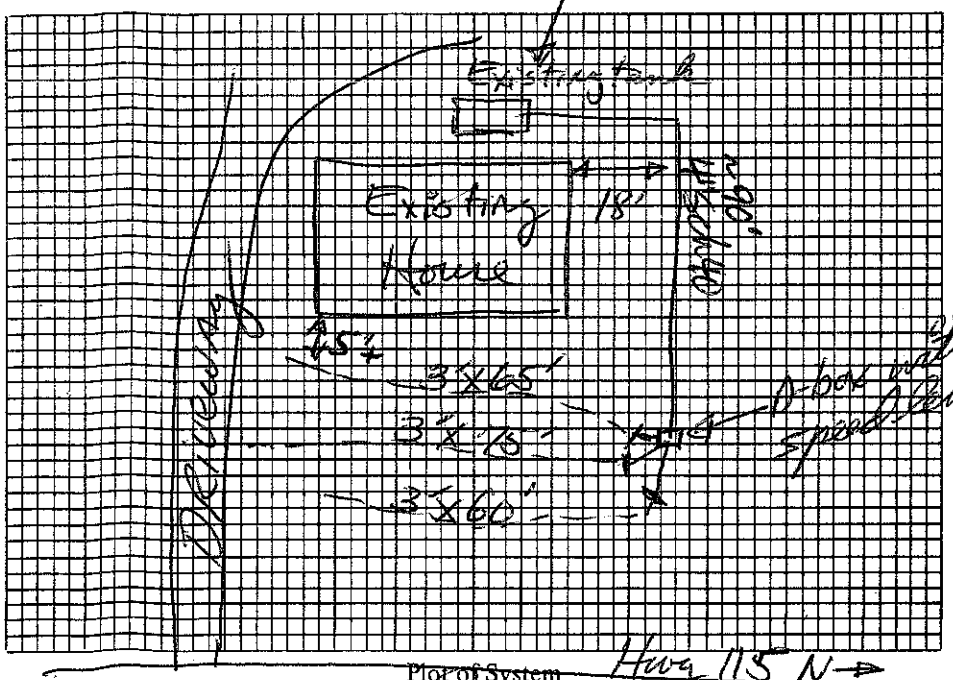
Percolation Rate 1 wet 2 dry 4

Topography 2 to 6

Depth to Water Table 44

Rock or other impervious formations monolo.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by _____

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

Signed: R E Brawner

IMPROVEMENTS PERMIT BY Linda R. Hinson, RS

COMMENTS: Maximum trench bottom depth of 36". Follow contour. Check tank for "tee".

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold