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 Lonnie Owens

PHONE: Business _____ Home _____ DATE Sept 29 87 PERMIT NO. _____

LOCATION 115 N Travis from Barfield Rd. 1st house on left past crest of hill

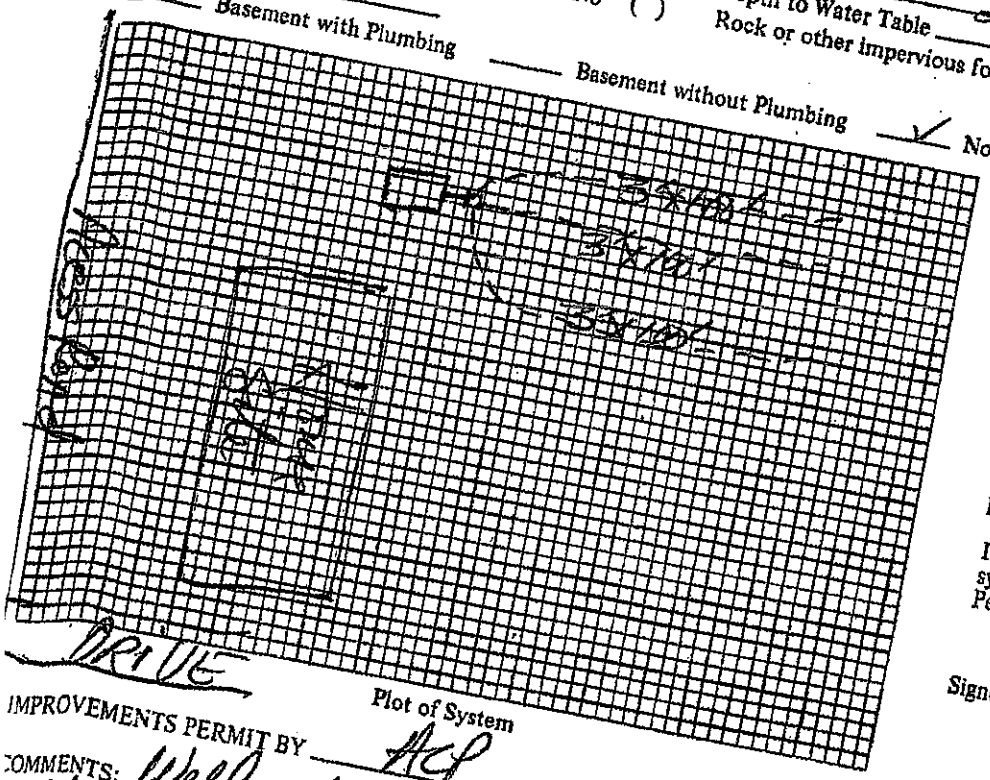
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Clay
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate 1 in 4
Auto. Wash. Machine	Yes (✓)	No (✓)	Topography Level
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 2 ft 4 ft
Lot Area ~3Ac			Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 300 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by OWNER

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

Signed: _____

IMPROVEMENTS PERMIT BY HCP

COMMENTS: Well not down. Upper line of drainfield deep.

CERTIFICATE OF COMPLETION BY _____ DATE _____

SETTING SYSTEM CHECKED BY: _____ DATE 9/29/87

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

This 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

TO: 17043537959

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SEPTIC