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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 Richard Horton DATE 10/4/90 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 21N TR Shepherd 10th house on left Aluminum siding Blue Shutters S. R. No. ____

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

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

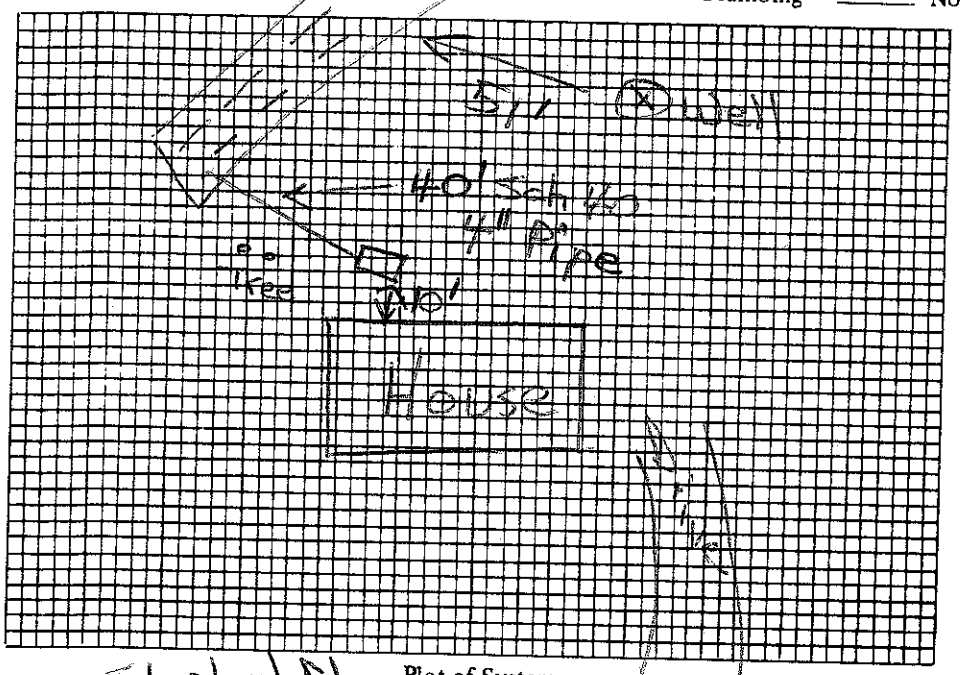
No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes (Gal)	No (✓)
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes ( )	No ( )

Lot Area Existing

Character & Porosity of Soil ____
Percolation Rate ____
Topography ____
Depth to Water Table Existing
Rock or other impervious formations ____

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Shepherd Rd. Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. ____ Linear Ft. 6 x 100'
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Sigmon

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

Signed: ____

IMPROVEMENTS PERMIT BY ____

COMMENTS: Old system not connected.

CERTIFICATE OF COMPLETION BY Dan Ingram Sanit. DATE 10/16/90

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