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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 Robert C. Waugh DATE March 13, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N. TR 2389 (Shepherd Rd.) ~ 1.1 mile on Right S. R. No. _____

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

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

No. Bedrooms 2 No. Bathrooms 1-2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes ( ) No ( )

Character & Porosity of Soil clay

Percolation Rate ~ 35

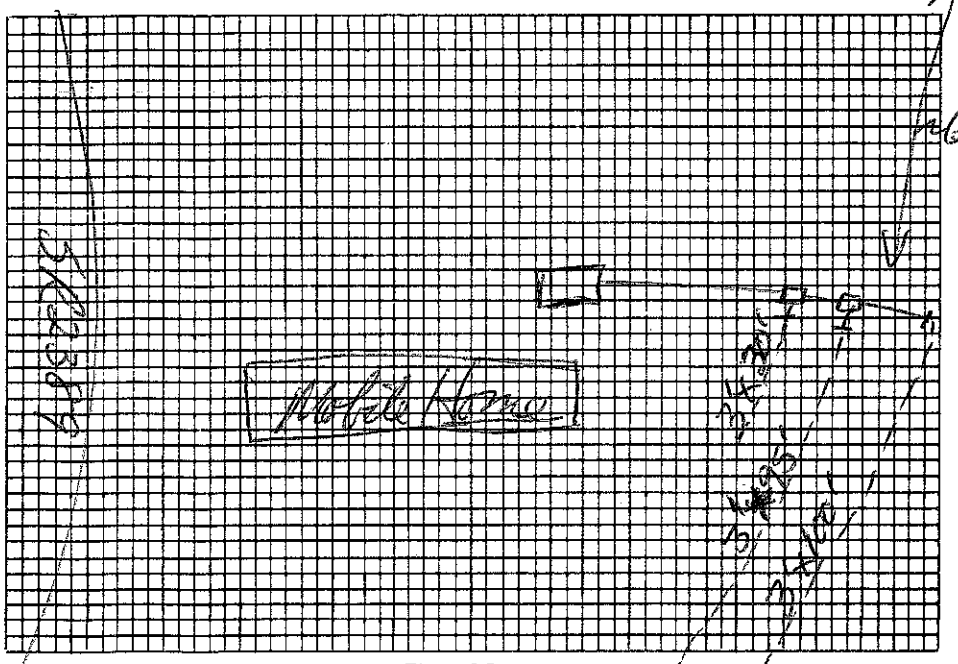
Topography ~ 10%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

Lot Area ~ 3 Ac.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 675 Linear Ft. 225

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by J R Bowles

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

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IMPROVEMENTS PERMIT BY ACH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE Mar. 13, 89

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