11/03/2000 10:31 704-664-9737 IREDELL COUNTY HEALTH DEPT PAGE 01

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130)

NER OR CONTRACTOR Eakney Owencash DATE 5-2-80

ONE: Business _____ Home _____

CATION 21 N TR 2389 ON R

3DIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK _____

se ( ) Mobile Home (X) Business ( ) Other _____

Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil Existing System

bage Disposal Unit Yes ( ) No (X) Percolation Rate _____

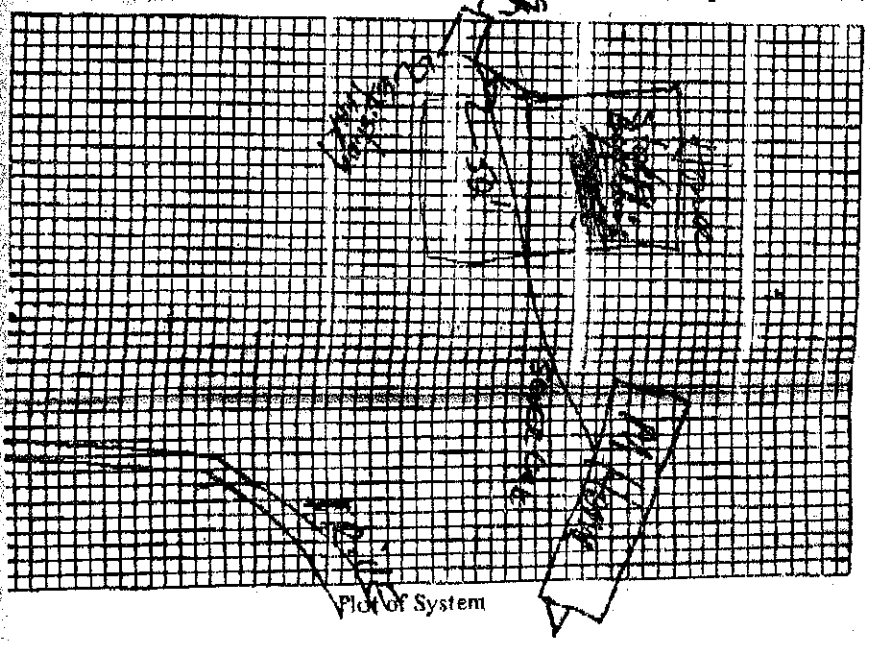
o. Dishwasher Yes ( ) No (X) Topography _____

o. Wash. Machine Yes (X) No ( ) Depth to Water Table _____

Suitable Yes (X) No ( ) Rock or other Impervious formations _____

Area 4 Years

___ Basement with Plumbing ___ Basement without Plumbing ___ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

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

Signed _____

ROVEMENTS PERMIT BY _____

IMENTS: Existing system working ok at date of inspection
Why has MH to be added to the system — System NOT
designed for any more MH

TIFICATE OF COMPLETION BY _____ DATE _____

TING SYSTEM CHECKED BY: Fred Clemmons DATE 5-2-80

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.
It is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making
ovements Permit.

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