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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 Frank Truckley DATE 3/16/89 ~~PERMIT NO.~~ 21D

PHONE: Business _____ Home (803) 283-8027 (Lancaster)

LOCATION Shearers Ch. Rd. TL Timberview TL Timberview On L. S. R. No. _____

SUBDIVISION NAME Timberview Sec. 3 LOT NO. 68 SECTION OR BLOCK NO. _____

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

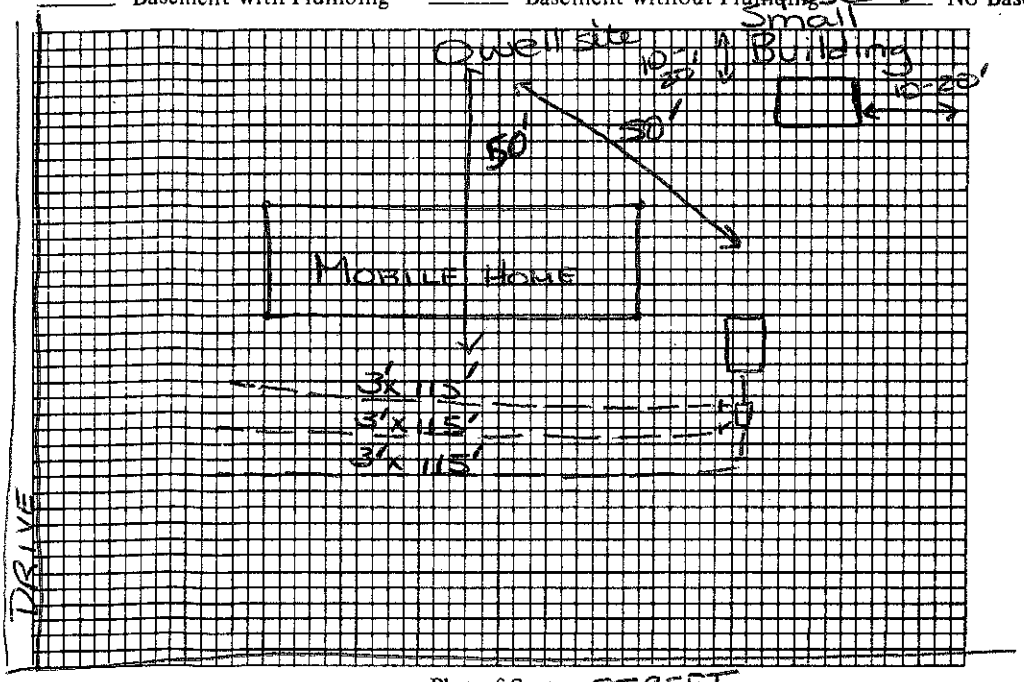
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clay
Percolation Rate .35 gpd/ft²
Topography 2-4%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area 1 Acre

_____ Basement with Plumbing _____ Basement without Plumbing Proposed Small Building ✓ No Basement



Plot of System STREET

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Larry Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP.

COMMENTS: Well not installed Must be at least 50' from septic system.

CERTIFICATE OF COMPLETION BY André C. Pierce DATE 3/16/89

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