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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 Darrell Tevepaugh DATE 11-13-85 PERMIT NO. 494

PHONE: Business _____ Home _____

LOCATION 1125S TL on Timber View TL off Springtime Lane onto Millpond Lane 4th or 5th lot on left S. R. No. _____

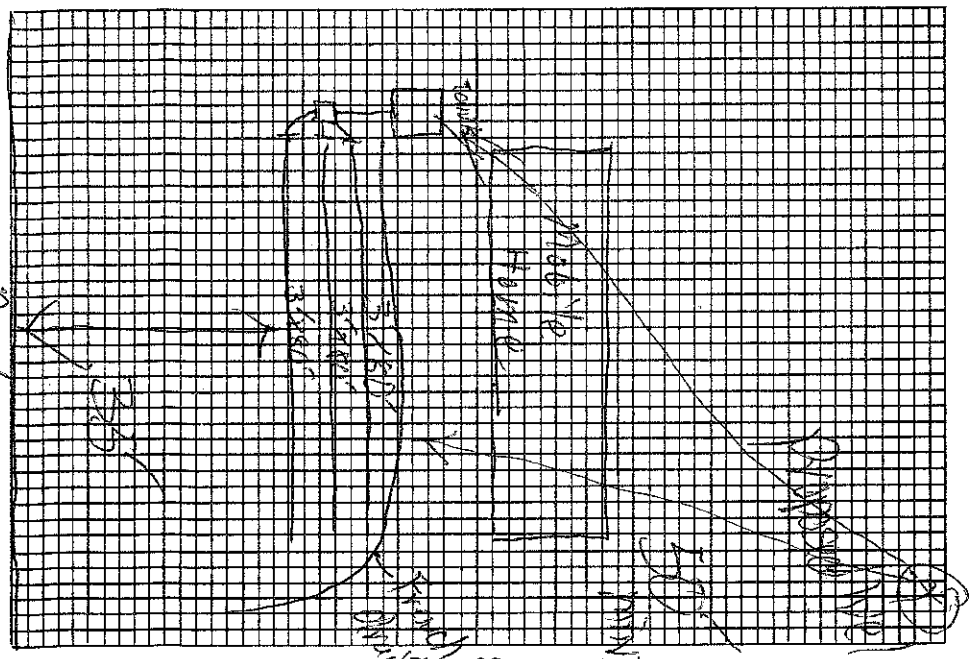
SUBDIVISION NAME Timber View LOT NO. 67 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area 3/4 acre

Character & Porosity of Soil clay loam
Percolation Rate 0.5 gal/ft²/day 2 & 3 & 4'
Topography _____
Depth to Water Table _____
Rock or other impervious formations None obs.

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY Charles K. Barnett Charles K. Barnett

COMMENTS: well has not been put down yet at date of inspection 11-13-85

CERTIFICATE OF COMPLETION BY Charles K. Barnett DATE 11-13-85

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