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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 James L. Funk DATE 3-28-85 PERMIT NO. 109

PHONE: Business _____ Home _____

LOCATION 1255 TL Springtime Lane TR 1st Road 3rd Lot on R. S. R. No. _____

SUBDIVISION NAME Timberline LOT NO. 47 SECTION OR BLOCK NO. _____

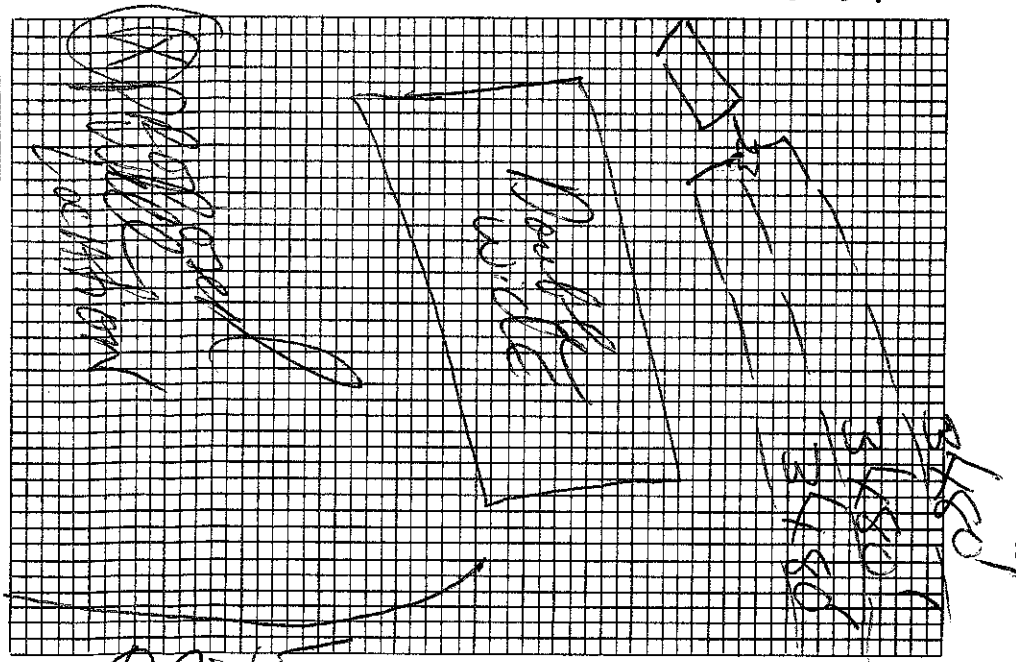
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay Loam	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0.5 gal/ft²/day	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2-8%	
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4'	
			Rock or other impervious formations	None 6'	

Lot Area 1+ Acre

_____ 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 Larry Boone

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Neil Clemmer DATE 3-28-85

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