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IREDELL COUNTY HEALTH DEPARTMENT 4665629430

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Elizabeth Ware DATE 6/21/89 PERMIT NO. 21D

PHONE: Business _____ Home 872-9035 WK: 663-7946

LOCATION Shearers Rd. S. Tl 1st Timberview. At end on R.

SUBDIVISION NAME Timberview LOT NO. 34 SECTION OR BLOCK NO. S. R. No. 1E-4-A-34

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

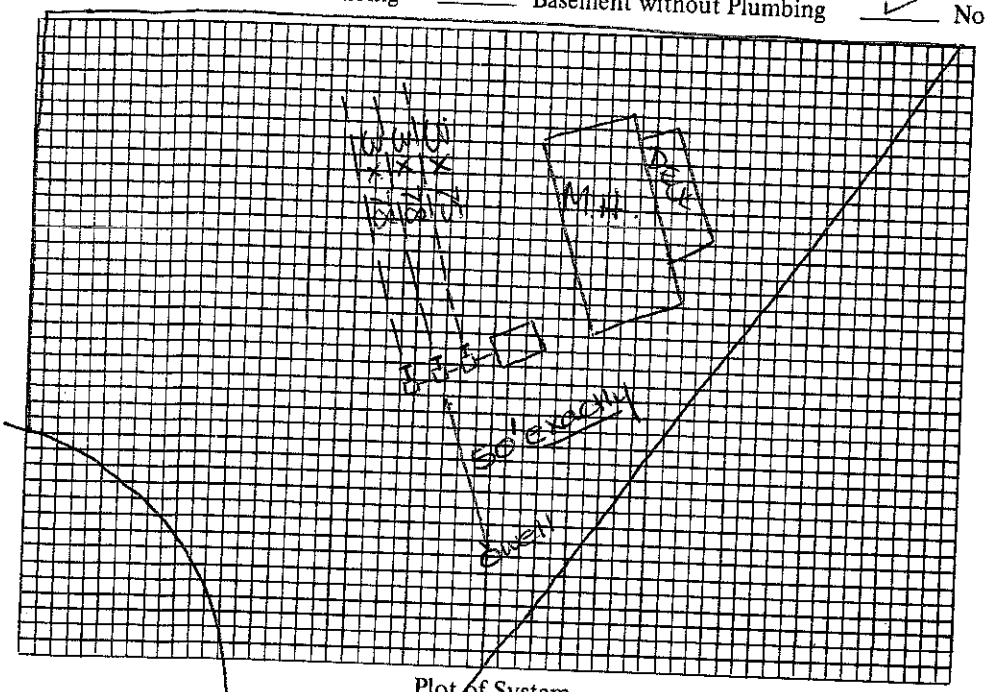
No. Bedrooms 2 No. Bathrooms 1-2

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

Lot Area _____

Character & Porosity of Soil Chuey
Percolation Rate .35gpd/ft2
Topography 6-10%
Depth to Water Table 4'+
Rock or other impervious formations many surface.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 690 Linear Ft. 230
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Andrew C. Pierce

COMMENTS: Well was not located as agreed due to failure to hit water.

CERTIFICATE OF COMPLETION BY Andrew C. Pierce, RS DATE June 21, 1989

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