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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 Donald Lobert DATE 6/30/89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115N, Rt on Whitman Circle, Rt across RR tracks, 1/4 mile on Lf S. R. No. _____

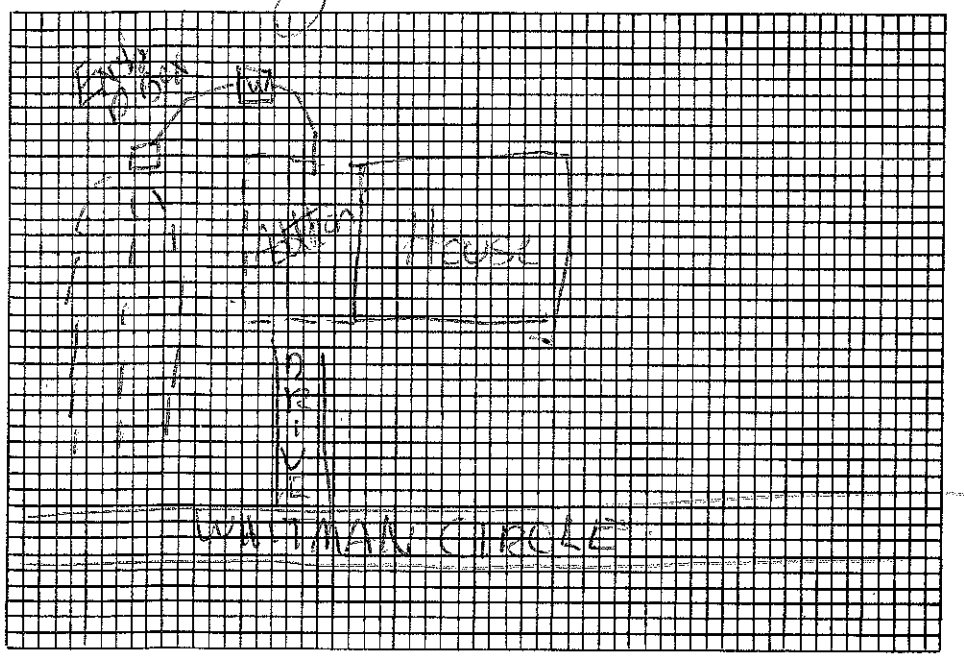
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Repair - Washer Layout (Addn. Garage & Utility Room)

No. Bedrooms 3	No. Bathrooms 1			Character & Porosity of Soil	
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	
Auto. Dishwasher	Yes (✓)	No ( )		Topography	EXISTING
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	
Site Suitable	Yes (✓)	No ( )		Rock or other impervious formations	

Lot Area exists

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 75 gal washer box Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )

Installed by Self

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

Signed: _____

IMPROVEMENTS PERMIT BY Andra C. Pierce RS.

COMMENTS: Good work!

CERTIFICATE OF COMPLETION BY _____ DATE 6/

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULAT

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in maki Improvements Permit.

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