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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 Charles + JoAnn Ammons DATE _____ PERMIT NO. IM-A-137

PHONE: Business _____ Home _____

LOCATION 115-21N TR 1383 Shinnville Rd. ~ ⅛ mi TR private gravel road TL next street Little Creek Rd. on right S. R. No. _____

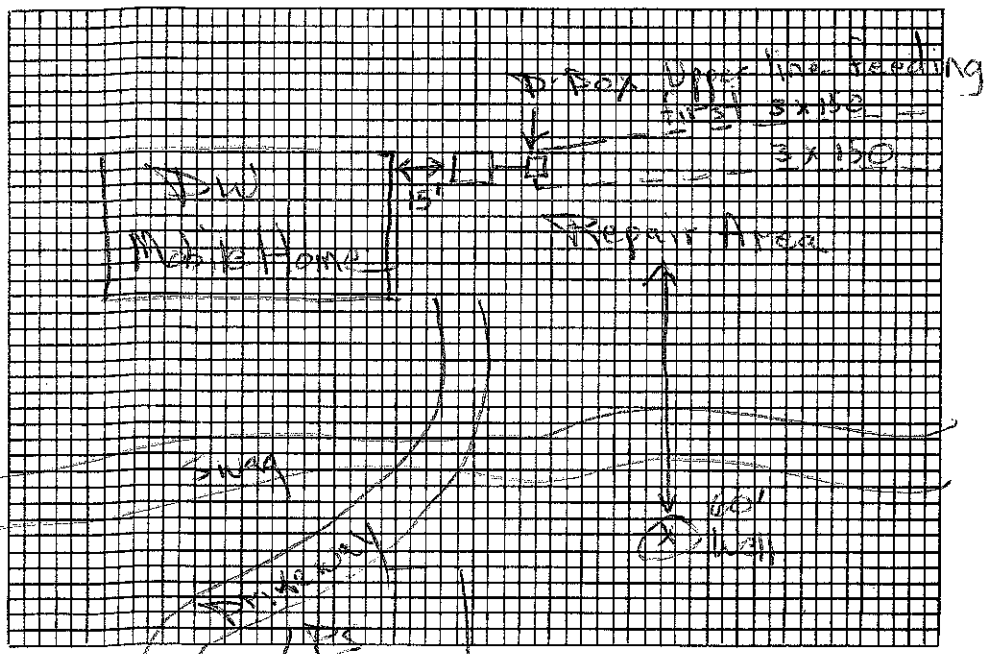
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other Relayout due to change in home location

No. Bedrooms 3	No. Bathrooms 2	Character & Porosity of Soil	Ps clay
Garbage Disposal Unit	Yes ( ) No (✓)	Percolation Rate	N.T.
Auto. Dishwasher	Yes ( ) No (✓)	Topography	6-10%
Auto. Wash. Machine	Yes (✓) No ( )	Depth to Water Table	4'+
Site ~~Suitable~~ Ps	Yes (✓) No ( )	Rock or other impervious formations	none obs

Lot Area Acreage

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2 @ 150'
Sq. Ft. 12" Linear Ft. 300'
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Installed by Wayne Potts

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Sam Ingram EH S DATE Mar 2, 1990

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