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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 Edna Booth DATE Dec 9, '87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 By Pass on left just before jct with Hwy 801

S. R. No. _____

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

House ( ) Mobile Home ( ) Business (✓) Other Beauty Shop 4 chair

No. Bedrooms _____ No. Bathrooms 1 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes ( ) No (✓)

Site Suitable Yes ( ) No ( )

Lot Area 20000 ft²+

Character & Porosity of Soil clay like trans. to pm.

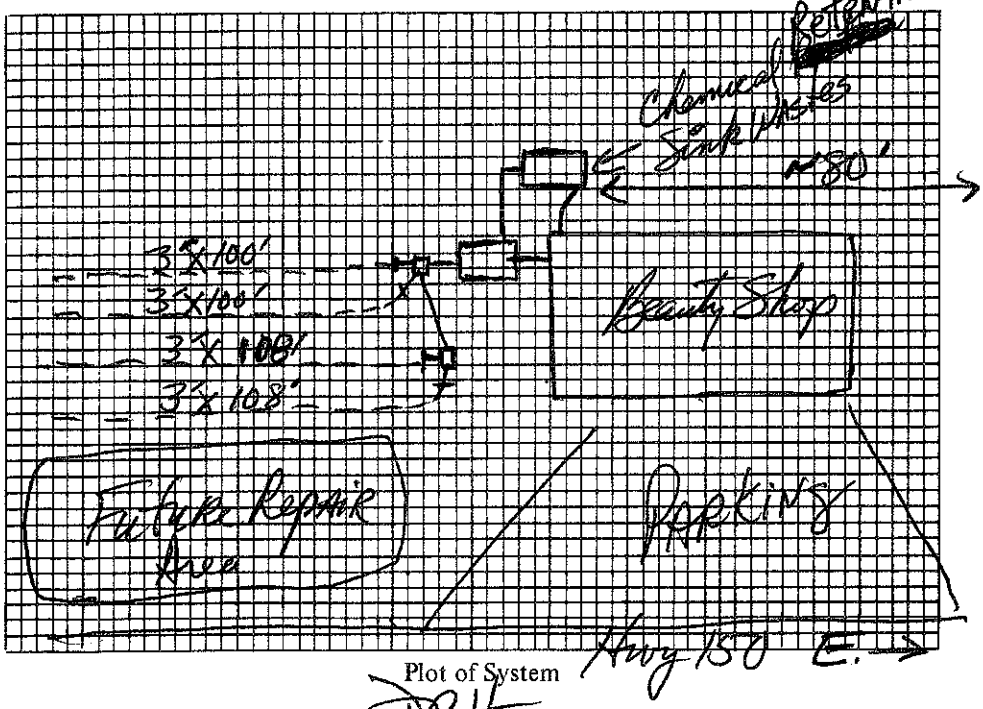
Percolation Rate 2 to 4

Topography 2 to 4%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 2 – 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1250 Linear Ft. 416
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Larry Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D R Hinson R.S. DATE 12-9-87

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

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 Edna Booth DATE 6-3-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 By Pass on left just before jct w/ 801

S. R. No. _____

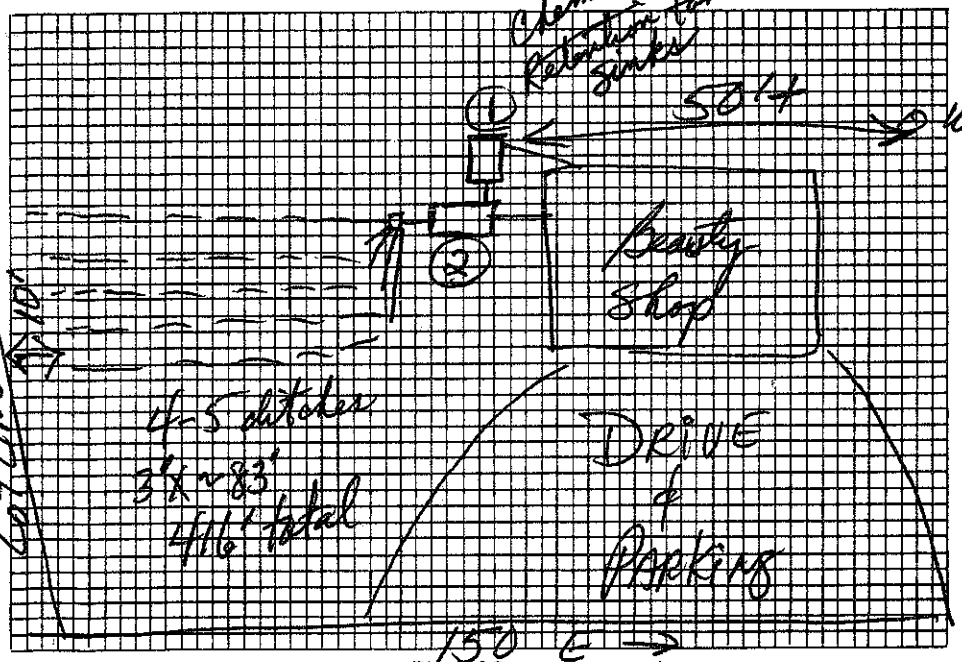
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business (✓) Other Beauty Shop 4 chair beauty shop

No. Bedrooms _____ No. Bathrooms 1
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area 20000 ft²

Character & Porosity of Soil clay like transition to p.m.
Percolation Rate 2 40
Topography 2 %
Depth to Water Table 4'
Rock or other impervious formations slight inc. w/depth

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 2 - 1000 Gals.
Nitrification Field:
No. of Lines 4-5
Sq. Ft. 1250 Linear Ft. 416
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.

X Signed: James B. Booth

IMPROVEMENTS PERMIT BY Jack R. Hinson, R.S.

COMMENTS: Drainfield must be installed no deeper than 24" to bottom of ditch. Set tank #1 to catch wastes from sinks & shampoo basins. Then have it go to tank #2. Tank #2 will also catch toilet wastes directly from building. Full plumbing out shallow

CERTIFICATE OF COMPLETION BY _____ DATE _____

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