PIN# ~~4638~~ ~~# 9440~~ 4668-73-2728

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 M and S. Investment DATE 5/18/89 ~~PERMIT NO.~~ 18 D

PHONE: Business ________ Home 663-3101

LOCATION 115 N. TR 2395 TR Overhead Bridge Rd.
TL Oliphant TL into development On L. near end S. R. No. ____

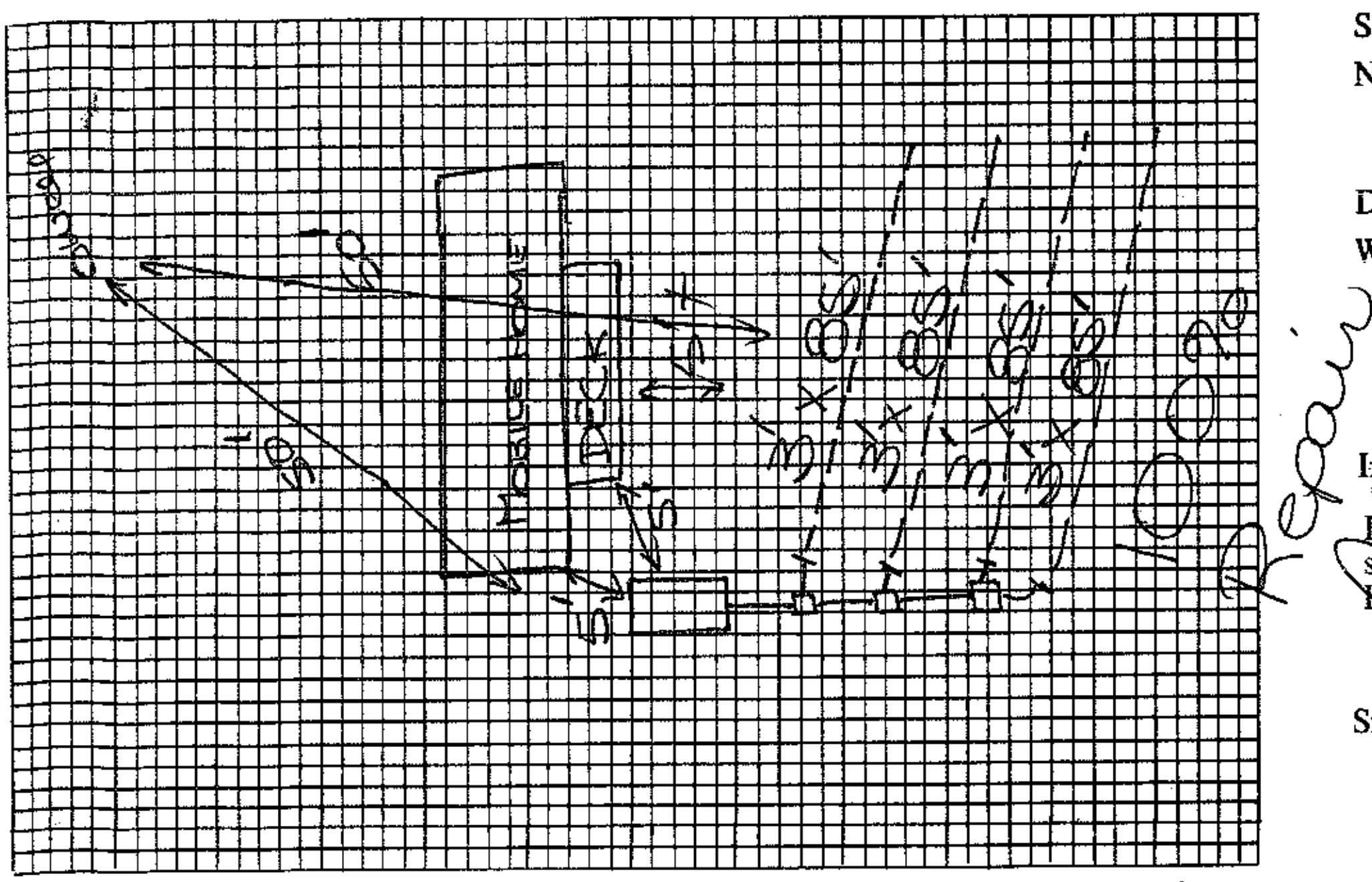
SUBDIVISION NAME Eastridge LOT NO. 10 SECTION OR BLOCK NO. ____

House ( ) Mobile Home (✓) Business ( ) Other ________

No. Bedrooms 3 No. Bathrooms 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 Clayey (shallow)
Percolation Rate .35 gpd/ft²
Topography 6-15%
Depth to Water Table 4'+
Rock or other impervious formations none

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System NOT TO SCALE

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1020 Linear Ft. 340
Depth of Stone in Lines 12"
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 Andre C. Pierce

COMMENTS: ________

CERTIFICATE OF COMPLETION BY Andre C. Pierce DATE 5/18/89

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