IREDELL COUNTY HEALTH DEPARTMENT 4669-30-7443

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

OWNER OR CONTRACTOR Lee Roy Cline DATE 12/23/80 PERMIT NO. 375

PHONE: Business _____ Home _____

LOCATION 1.5 N. TR 2383 & 1 mi. TR 1300 Rt. on left

SUBDIVISION NAME Reba Phillips property LOT NO. 5 SECTION OR BLOCK NO. _____ S. R. No. _____

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

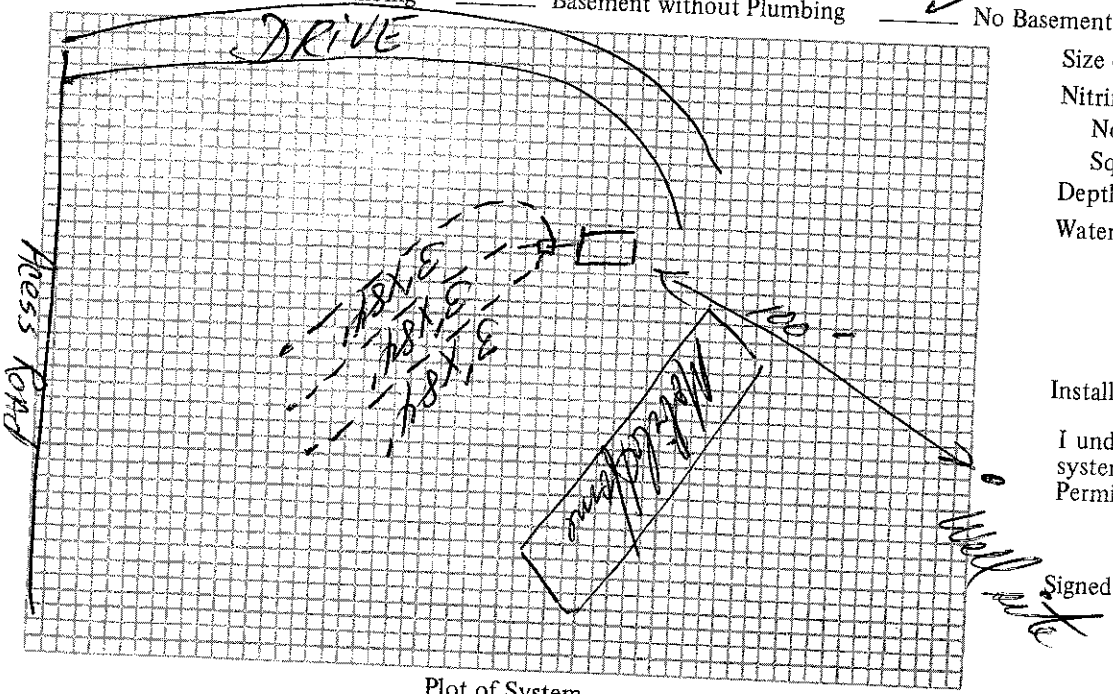
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 5+ AC.

Character & Porosity of Soil clay loam
Percolation Rate 30 mpi
Topography rolling
Depth to Water Table unk.
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 250 Linear Ft. 250
Depth of Stone in Lines 18"
Water Supply: Individual (✓)
Public ( )

Installed by T. J. Crain

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

Signed: _____

IMPROVEMENTS PERMIT BY T.A.C.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Mark A. Hinson

EXISTING SYSTEM CHECKED BY: _____ DATE 12/23/80

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