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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 Eugene F. Vickers, Sr. DATE 9-26-85 PERMIT NO. 425

PHONE: Business _____ Home _____

LOCATION 1146 S TR 1142 TR 1ST STREET

• 4 mile on R

S. R. No. _____

SUBDIVISION NAME Cherokwoods LOT NO. 17 SECTION OR BLOCK NO. _____

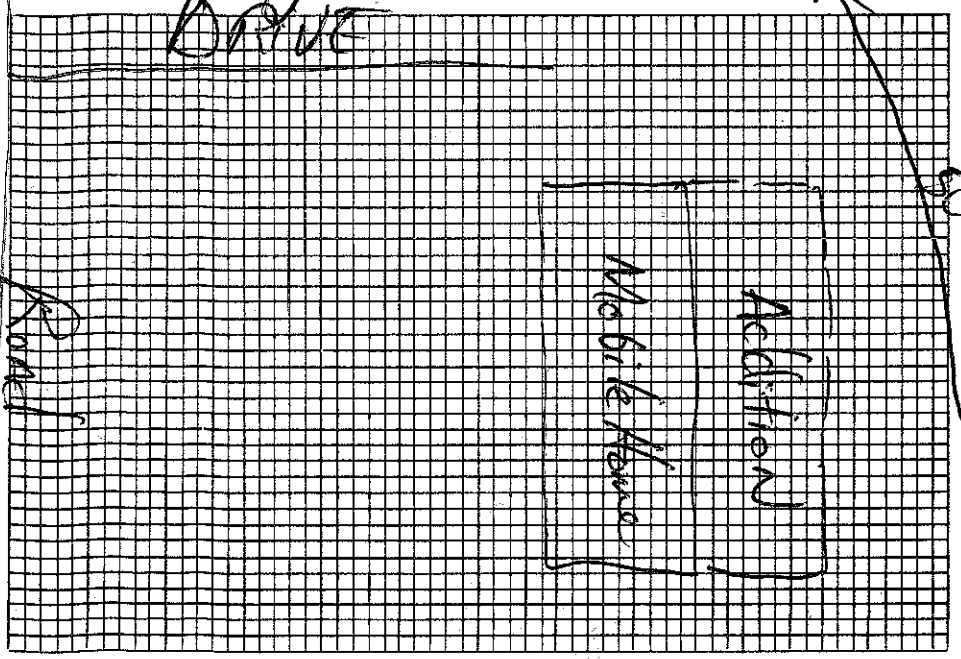
House ( ) Mobile Home (X) Business ( ) Other 14'x40' Living Room Addition

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area EXISTING

_____ Basement with Plumbing _____ Basement without Plumbing (X) No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines EXISTING

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual (X)

Public ( )

Installed by _____

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

Signed: EXISTING System

IMPROVEMENTS PERMIT BY _____

COMMENTS: EXISTING System working OK At date of completion

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 9-26-85

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