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 Thomas E. Bowles, JR. DATE 10/19/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 136 S. on Right just before jct. w/ SAMPLE Rd on R.

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

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

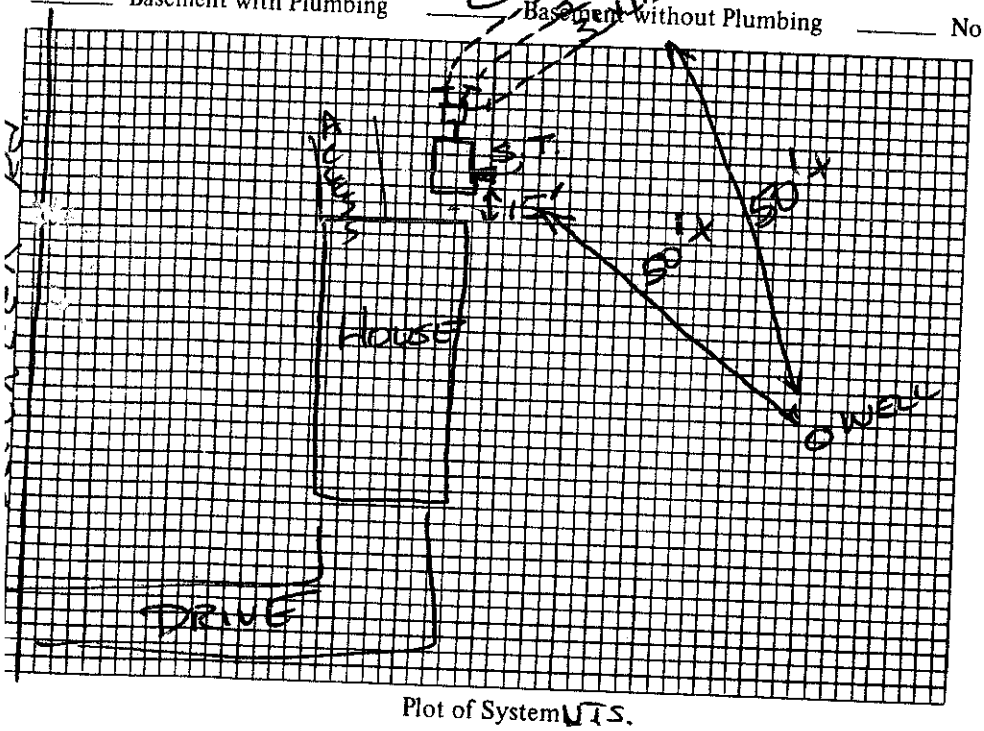
No. Bedrooms 3 No. Bathrooms 2 1/2

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

Character & Porosity of Soil Clay
Percolation Rate ~.35
Topography 2-8%
Depth to Water Table 3'+
Rock or other impervious formations None observed

Lot Area Acreage

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System N.T.S.

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1030 Linear Ft. 345
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by L. BEAM

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

Signed: _____

IMPROVEMENTS PERMIT BY D.R.H. (R.S.)

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Bruce

EXISTING SYSTEM CHECKED BY: _____ DATE 10/19/87

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