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24.30

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 Mark Rummage DATE 6-18-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 136 S. on left just before get w/ 1149 (Willfork Rd) S. R. No. _____

SUBDIVISION NAME Bud Acres LOT NO. 1 SECTION OR BLOCK NO. _____

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

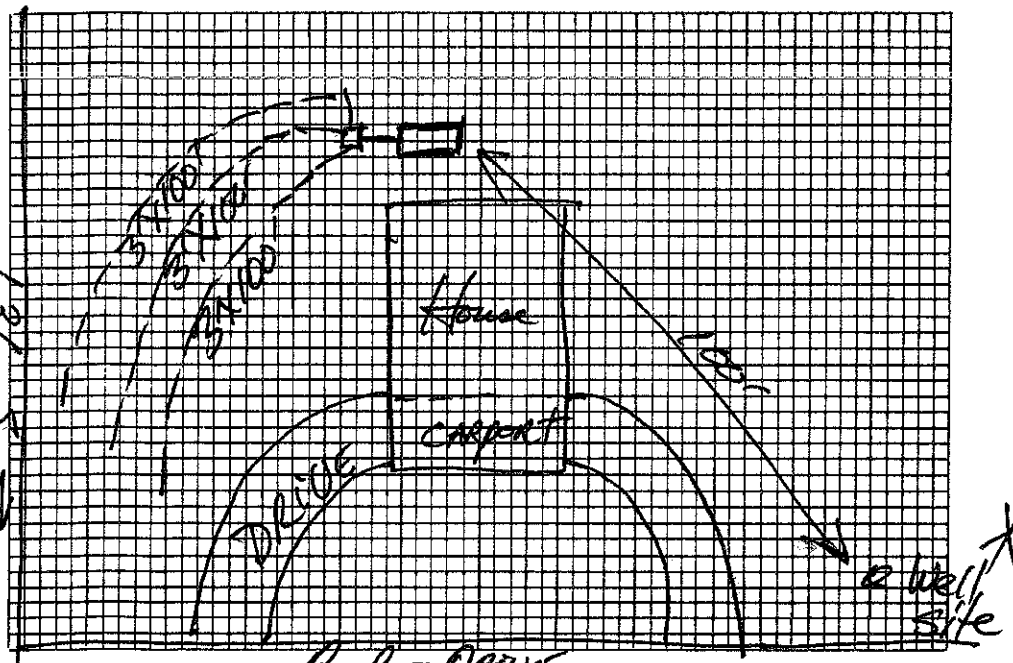
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clay
Percolation Rate 4-1 80 4ft
Topography _____
Depth to Water Table _____
Rock or other impervious formations none obs.

Lot Area 20000 sq ft

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
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.

Signed: P. Mark Rummage

IMPROVEMENTS PERMIT BY Barry R. Hanson R.S.

COMMENTS: Follow contour. Install at a depth of 24-30" to bottom of drainfield ditch.

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