IREDELL COUNTY HEALTH DEPARTMENT 4678-70-6550

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

OWNER OR CONTRACTOR James Owensby DATE 6-23-80 PERMIT NO. 177

PHONE: Business _____ Home _____

LOCATION 150 E ON left just before Rowan City LINE TL Dirt Street ON R

SUBDIVISION NAME Powers Estates - Phase III LOT NO. 11 SECTION OR BLOCK NO. _____ S. R. No. _____

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

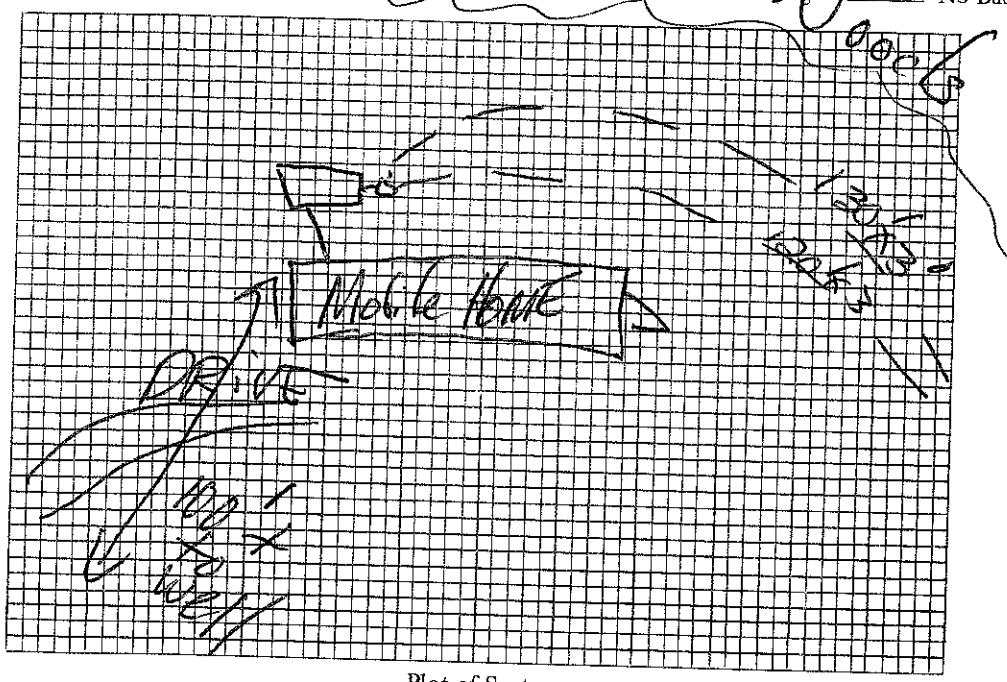
No. Bedrooms 3 No. Bathrooms 1½

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

Lot Area 5 Acre +

Character & Porosity of Soil Clay loam
Percolation Rate 50 Lpd
Topography 4-6%
Depth to Water Table an RAVINE
Rock or other impervious formations None observed

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (X)
Public ( )

Installed by Rowan Septic Tank

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

Signed: _____

IMPROVEMENTS PERMIT BY David R. Henson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clement DATE 6-23-80

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