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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 John Ross Perkins DATE Feb. 28, '90 PERMIT NO. IP-I-B-1

PHONE: Business _____ Home _____

LOCATION 150 E. on left ~1/4 mile before Rowan Co. line

S. R. No. _____

SUBDIVISION NAME Powers Estates LOT NO. 1 SECTION OR BLOCK NO. _____

OR 1541 Oakridge Farm Hwy - Mocksville

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~~ PS Yes (✓) No ( )

Lot Area ~40000 ft²

Character & Porosity of Soil PS clay

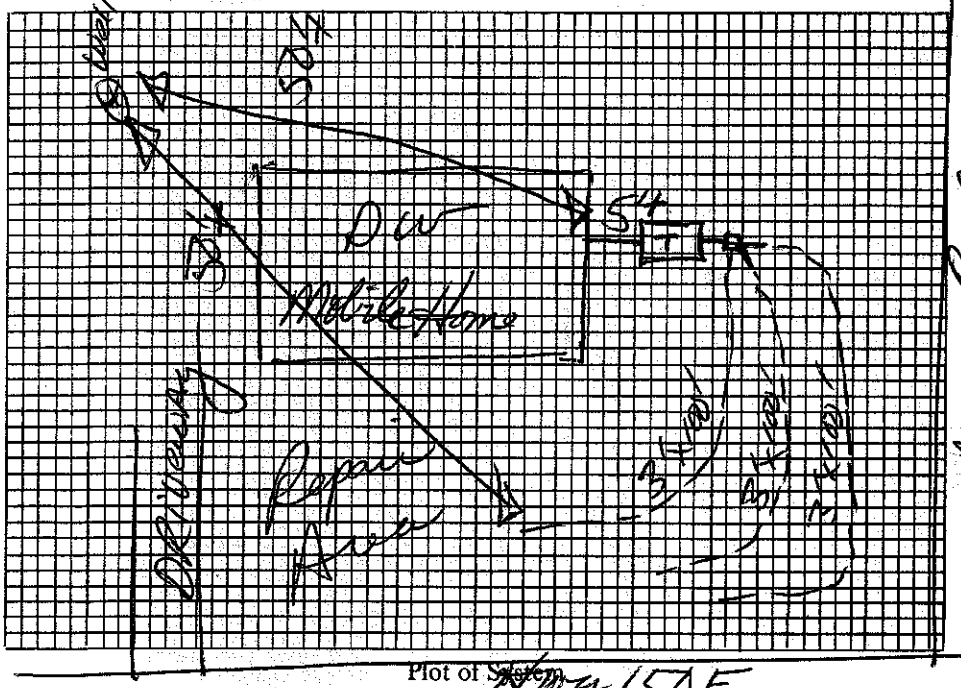
Percolation Rate mod 4

Topography rolling

Depth to Water Table 4'+

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. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by owner

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH, SI

COMMENTS: Upper lines 36" to trench bottom; soil looked OK DRH

CERTIFICATE OF COMPLETION BY DRHuman, EHS DATE 2-28-90

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