IREDELL COUNTY HEALTH DEPARTMENT 4079048010

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

OWNER OR CONTRACTOR Gene C. Cornelius DATE 2-18-85 PERMIT NO. 43

PHONE: Business _____ Home _____

LOCATION SR 1 N TO 2362 AT 2395 ON R

_____ S. R. No. _____

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

House ( ) Mobile Home ( ) Business (X) Other Plumbing Shop 1 BATH

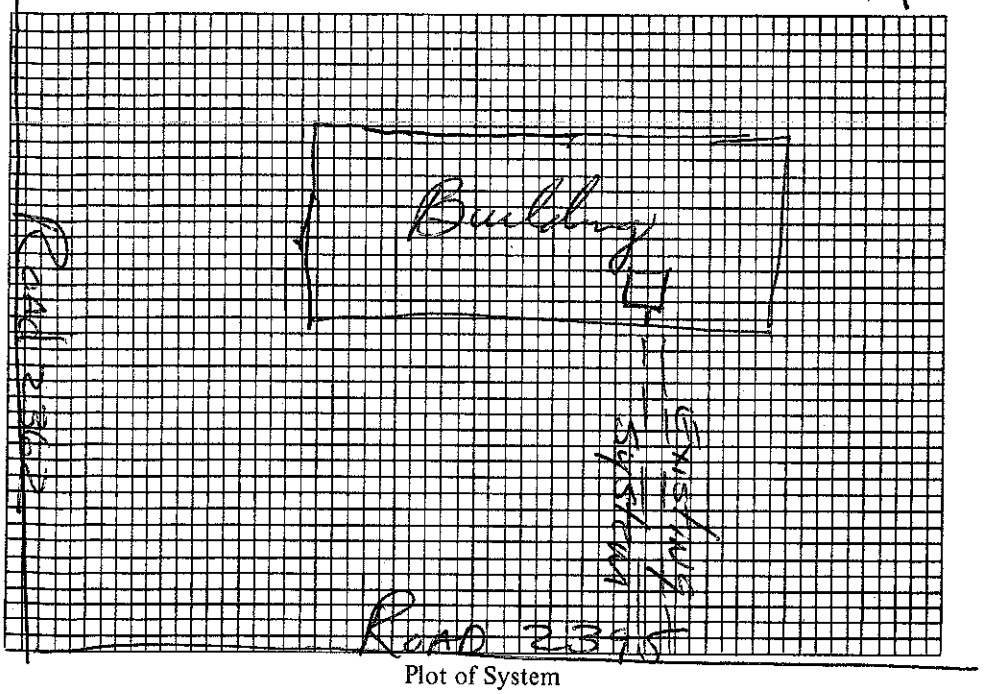
No. Bedrooms _____ No. Bathrooms 1

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

Character & Porosity of Soil _____
Percolation Rate _____
Topography EXISTING
Depth to Water Table System
Rock or other impervious formations _____

Lot Area EXISTING 15 ACRES

_____ 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 well next door

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: EXISTING System working ok at date of inspection. Remove old floor across top of septic tank. Leave access to tank for pumping purposes.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 2-18-85

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