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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 Bruce Boyles DATE Dec. 9/1991 PERMIT NO. 4C-A-30

PHONE: Business _____ Home _____

LOCATION 801 N TR 2399 (Wiggins Rd.) ~ 1/4 mile on (L)

S. R. No. _____

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

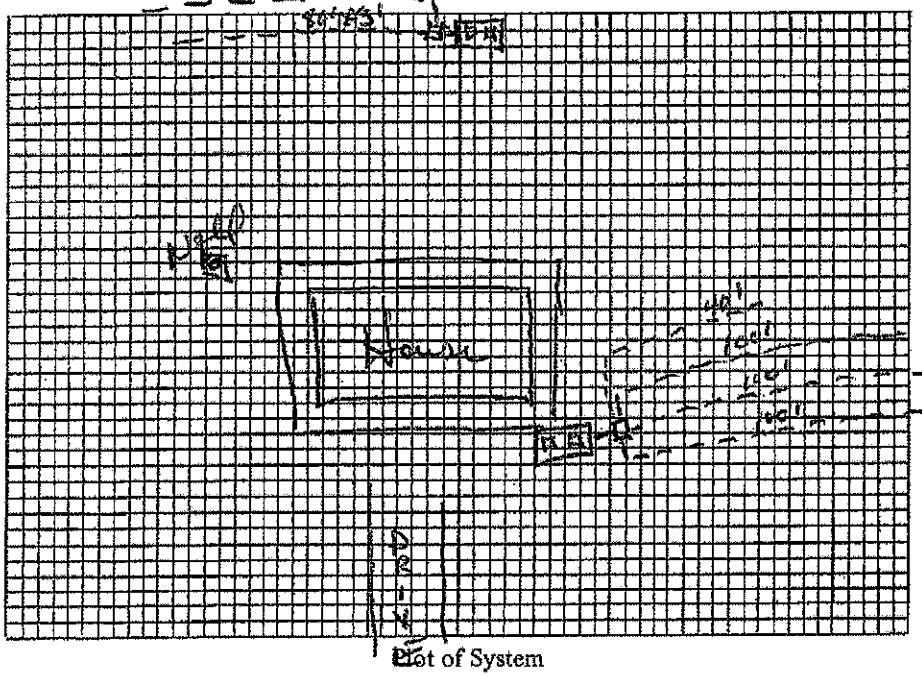
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	P/L - Clay (fine)
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.3
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	8-10%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	> 48"
			Rock or other impervious formations	none found

Lot Area 4 ac.

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1000/1000 Gals.

Nitrification Field:
No. of Lines 3/2
Sq. Ft. _____ Linear Ft. 500
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

P/L

Installed by Lewis Benton

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 12/9/91

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