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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.) ¼ mile on (L)

_____ S. R. No. _____

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

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

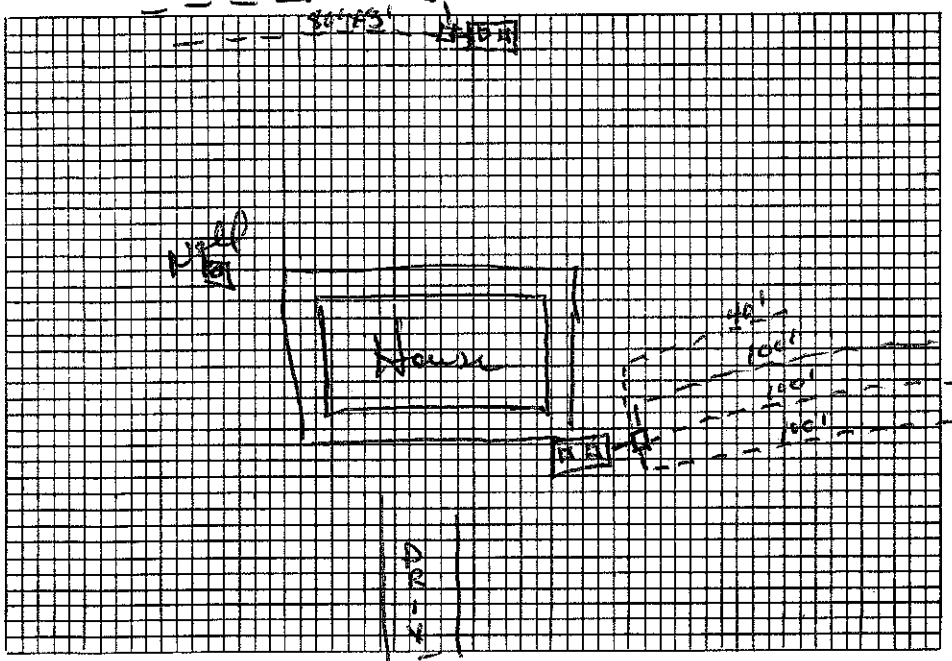
No. Bedrooms 4 No. Bathrooms 3

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

Character & Porosity of Soil P/c - tans (fine)
Percolation Rate .3
Topography S-le
Depth to Water Table >48"
Rock or other impervious formations none observed

Lot Area 4ac.

(✓) Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

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/C
Installed by Lavon 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