9 Attn: Trudy II

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 Gilbert A. Goodman, JR DATE 12-9-85 PERMIT NO. # 520

PHONE: Business _____ Home _____

LOCATION 801 N. SR 2401 (Sloop Rd) 3/4 mile on R on woods

S. R. No. _____

SUBDIVISION NAME Bell Edmiston prop. LOT NO. 5 SECTION OR BLOCK NO. _____

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

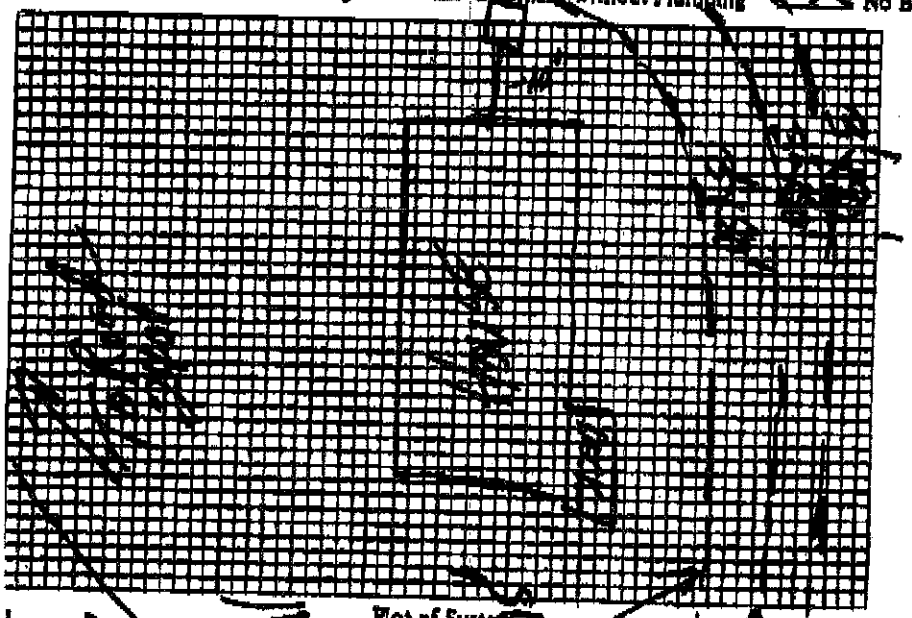
No. Bedrooms 2 No. Bathrooms 2

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

Lot Area 3 Acres

Character & Porosity of Soil Clay T Weekly pm
Percolation Rate 2.5 gal Thursday pm
Topography 2-6%
Depth to Water Table _____
Rock or other impervious formations None obs.

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plan of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual X
Public ( )

Installed by Larry Barnes

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 12-9-85

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

Statesville Planning & Zoning
704-878-3575

Iredell County Planning & Zoning
704-878-3130