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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 DALE POTTS DATE 8-8-90 PERMIT NO 8N-A-89

PHONE: Business _____ Home _____

LOCATION Hack mill Rd. off of Rt. 21 - go app. 1.5 miles on left at curve by Hedgepeth Rd. S. R. No. _____

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

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

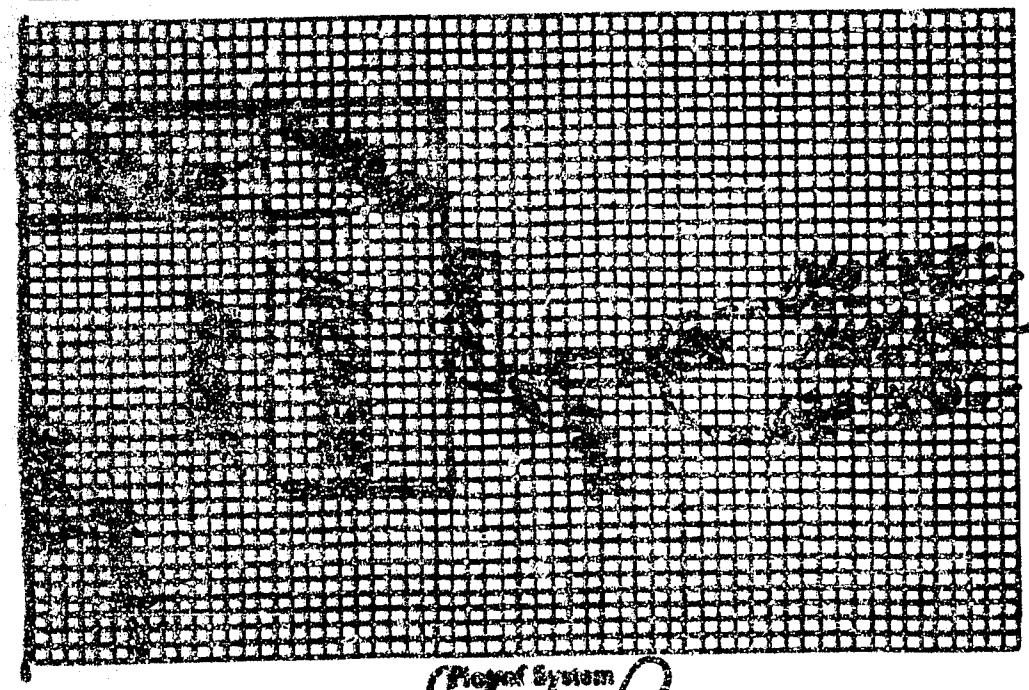
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soils Loam Suitable
Percolation Rate 30 Min/in ft
Topography Level
Depth to Water Table 10 ft +
Rock or other impervious formations None observed

Lot Area 2 acres

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 300 Lines @ 400
Depth of Stone in Lines 12
Water Supply: Individual (✓)
Public ( )

Installed by Dewie Sullivan

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

Signed: _____

Proposed System

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 8-8-90

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