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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR PARKS M. ALEXANDER DATE 7-20-92. PERMIT NO. 8N-A-83.

PHONE: Business _____ Home _____

LOCATION Mock Mill Rd. off old mtn. Rd. -go approx. 1.5 miles past T.R. on 1st drive past Jim's Cabinet Shop-Modular Home back off rd. behind 2 story house S.R. No. _____

SUBDIVISION NAME _____ LOT NO. 83. SECTION OR BLOCK NO. _____

House [ ] MODULAR Home [ ] Business [ ] Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes [ ] No [ ]

Auto. Dishwasher Yes [ ] No [ ]

Auto. Wash. Machine Yes [ ] No [ ]

Lot Area Acreage.

Soil Characteristics Good Suitable.

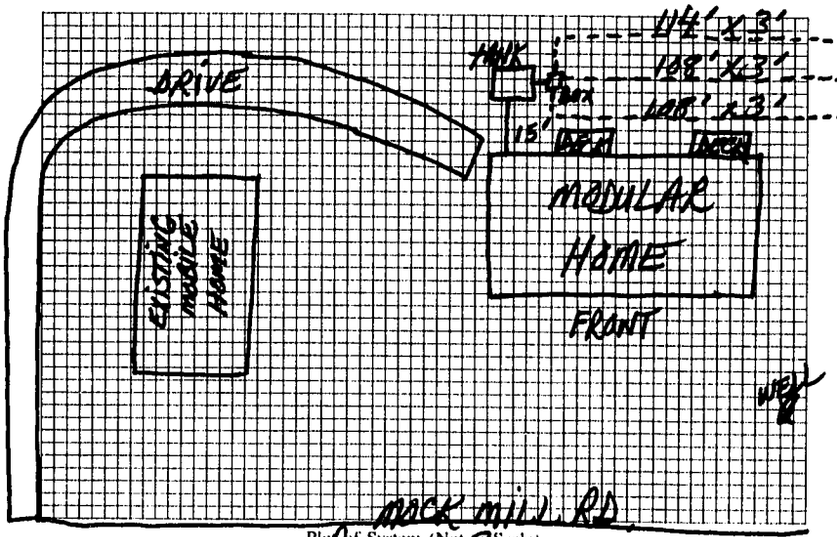
Application Rate 4 gal./sq. ft.

Topography 2-8%

Depth to Water Table 10+

Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 990 Linear Ft. 330

Depth of Stone in Lines 12"

Water Supply: Individual [X]

Public [ ]

Installed by Wes Lytton

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Steve Brown

COMMENTS _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 7-20-92.

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold