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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)

DATE 8-13-91. PERMIT NO. ST-A-90.

OWNER OR CONTRACTOR LINDA S. ADAMS

PHONE: Business _____ Home _____

LOCATION Hwy 70 W - 1.5 miles past White Oaks on (R) - Double wide up in woods. S. R. No. _____

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

House ( ) Mobile Home (✓) Business ( ) Other Addition to Beauty Shop.

DOUBLEWIDE.

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area EXISTING.

Character & Porosity of Soil Prov. Suitable.

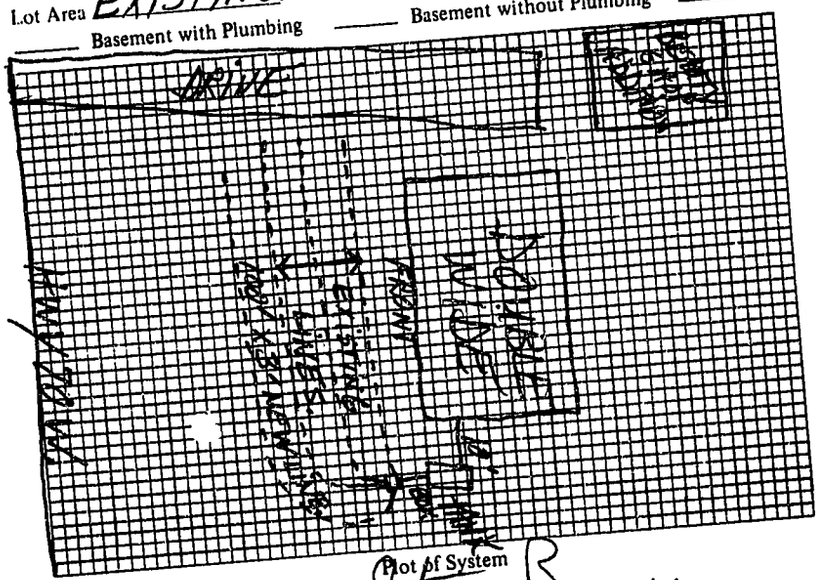
Percolation Rate 1 gal./sq. ft.

Topography 2-6%

Depth to Water Table 10' +

Rock or other impervious formations none observed.

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING. Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 300 Linear Ft. 100

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: New line started from dist. box.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 8-13-91.

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