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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 SHIRLEY NORRIS DATE 4-24-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Berdah Ch. Rd. off Old Mtn. Rd. - T.L. on Mack Mill Rd. - 3/8 mi. on left. S. R. No. _____

SUBDIVISION NAME MACK MILL RUN LOT NO. 7 & 8 SECTION OR BLOCK NO. _____

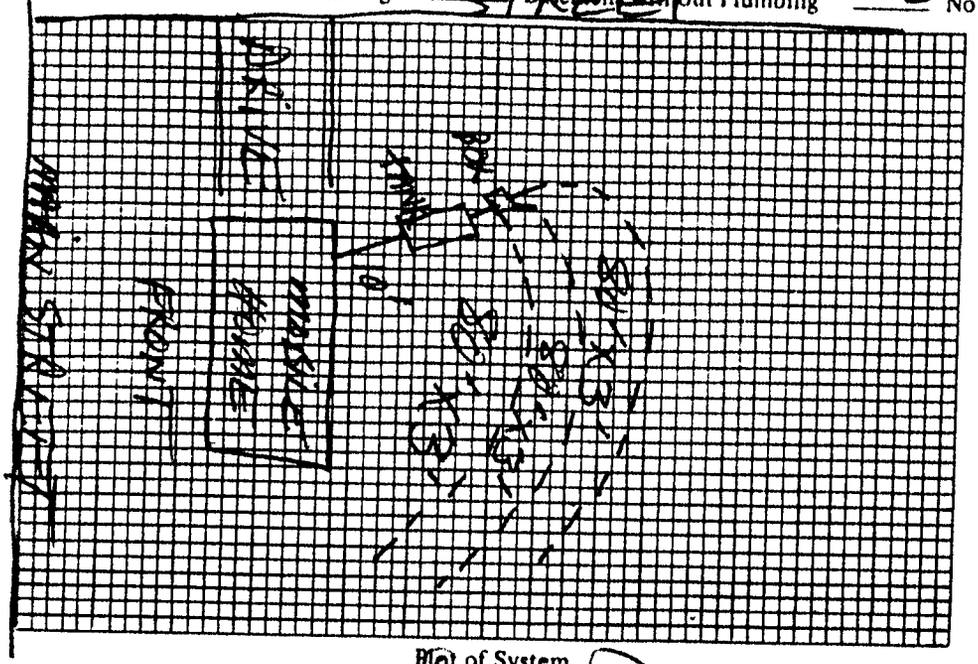
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

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

Character & Porosity of Soil Prov. Suitable.
Percolation Rate 4 gal/sq. ft.
Topography 2 - Rolling
Depth to Water Table 10'+
Rock or other impervious formations none observed.

_____ Basement with Plumbing STAKED Basement without Plumbing _____ ✓ No Basement



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

Installed by Benny Luttrell Dustin Hallifax

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-24-86.

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