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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 PATRICK O'CONNOR DATE 2-26-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 90 west - T.L. on Lippard Farm Rd. - go approx. 5/8 mi. on (R).

SUBDIVISION NAME SHADY LANE MHP S. R. No. _____

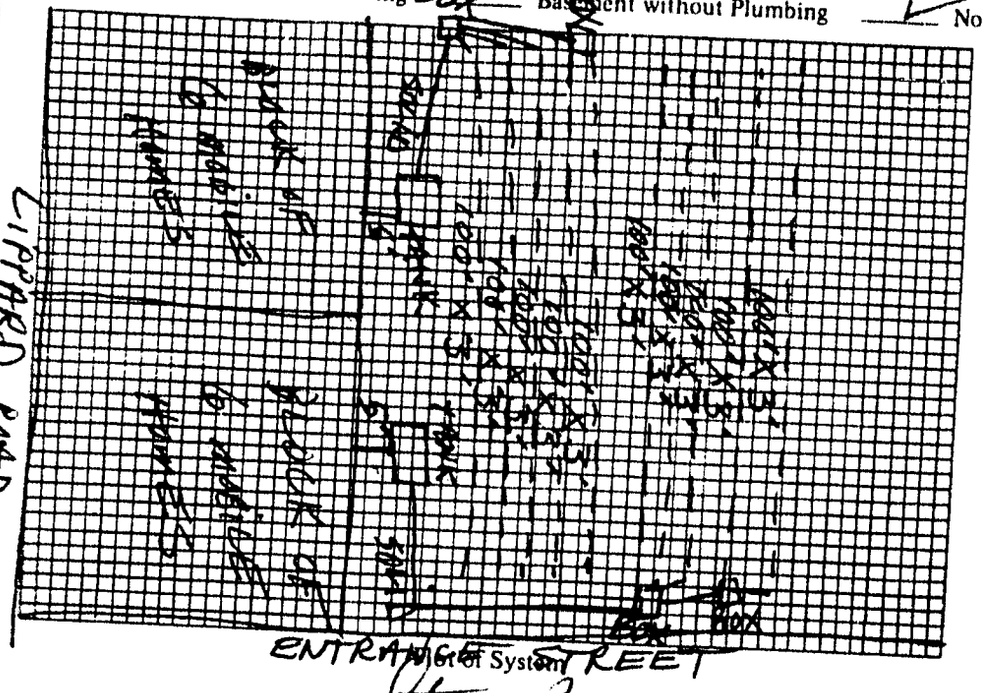
LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) 12 Mobile Homes (✓) Business ( ) Other Repair

No. Bedrooms — No. Bathrooms —

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	Repair
Lot Area LIMITED			Rock or other impervious formations	

_____ Basement with Plumbing Bar Basement without Plumbing _____ No Basement ✓



Size of Tank 2/1500 TANKS Gals.

Nitrification Field:
No. of Lines 10
Sq. Ft. 3000 Linear Ft. 1000
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by J. C. Forsyth

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Wrap all water lines underneath trailers to keep them from freezing so occupants won't leave faucets dripping.

CERTIFICATE OF COMPLETION BY Steve Brown

EXISTING SYSTEM CHECKED BY: _____ DATE 2-26-86.

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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