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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 Amos Smith DATE 5-22-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 90 W - T.L. on Lackey Farm Rd. - 1/2 mi. on (R).

S. R. No. _____

SUBDIVISION NAME Amos Smith PROPERTY LOT NO. 9 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1.5

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area .4 Acre

Character & Porosity of Soil Sandy Loam Suitable.

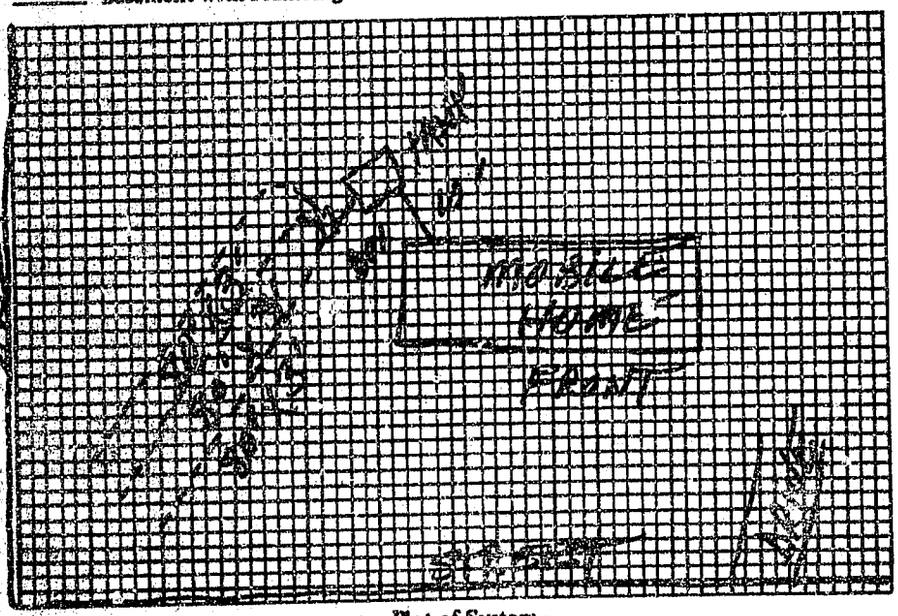
Percolation Rate 1 Gal. / sq. ft.

Topography 2-6%

Depth to Water Table 10 ft

Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field: 3

No. of Lines

Sq. Ft. 120 Lines Ft. 240

Depth of Stone in Lines 12

Water Supply: Individual ( )
Public (✓)

Installed by Dennis Hollidge

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Do not park or drive over S.T. system.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 5-22-87

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