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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR DAVID WADDELL DATE 7-8-92. PERMIT NO. 32-B-76.

PHONE: Business _____ Home _____

LOCATION Pisgah Rd. off Buffalo Shoals Rd. - go approx. one mile & T.R. on gravel drive at iron gate - go 200 yards on R. S.R. No. _____

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

House [✓] Mobile Home [ ] Business [ ] Other _____

No. Bedrooms 2 No. Bathrooms 2.5 Soil Characteristics Prev. Suitable.

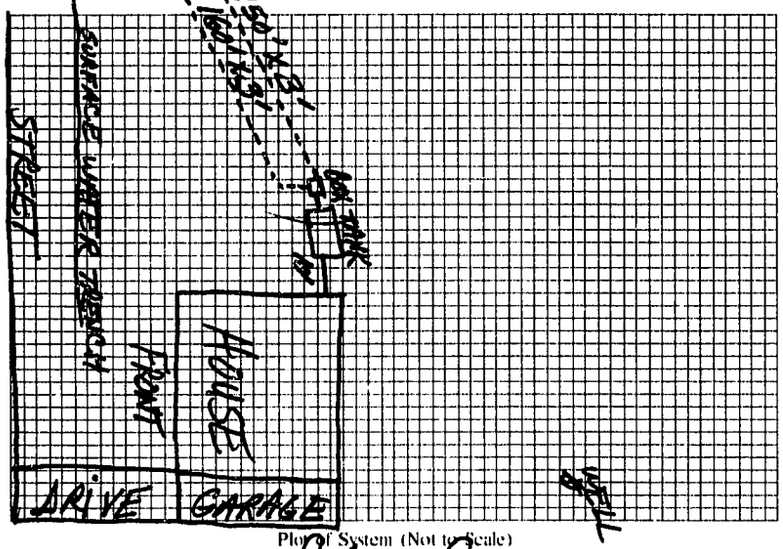
Garbage Disposal Unit Yes [ ] No [✓] Application Rate .4 gal./sq. ft.

Auto. Dishwasher Yes [✓] No [ ] Topography 2-8%

Auto. Wash. Machine Yes [✓] No [ ] Depth to Water Table 10'+

Lot Area Ample. 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 2

Sq. Ft. 900+ Linear Ft. 300+

Depth of Stone in Lines 12"

Water Supply: Individual [✓]

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 Create surface water diversion trench above S.T. system so surface water won't drown the system.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 7-8-92.

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