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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 LISA BRAWLEY DATE 8-10-90 PERMIT NO 88-A-1.

PHONE: Business _____ Home _____

LOCATION Celeste-Eufola Rd. off Old Mtn. Rd.-go approx. two miles on Rt.

SUBDIVISION NAME _____ LOT NO. _____ S. R. No. _____

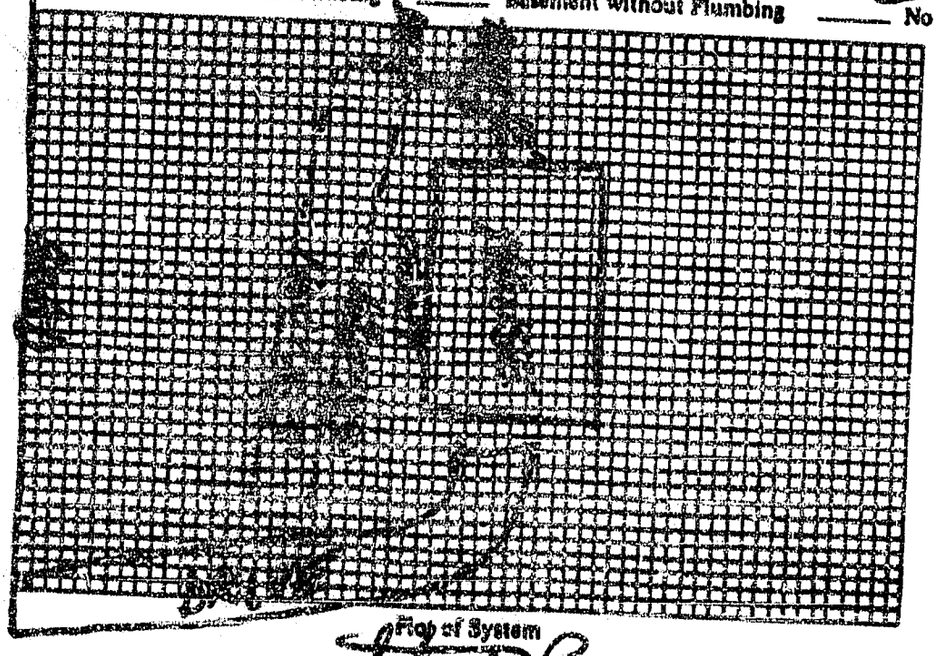
SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Loam - Suitable.
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	2 - 10 Min.
Auto. Wash. Machine	Yes ( )	No ( )	Topography	Level to Rolling
Site Suitable	Yes ( )	No ( )	Depth to Water Table	10' +
Lot Area 3± Acres.			Rock or other impervious formations	Not observed.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 120 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public ( )

Installed by James Hubbard

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

Signed: _____

Plan of System

IMPROVEMENTS PERMIT BY: Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown

EXISTING SYSTEM CHECKED BY: _____ DATE 5-16-90

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