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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 TERRY & JANNIE BURKE DATE 6-5-90 PERMIT NO. 90-5-104

MAILING ADDRESS Rt 5 Box 1 Statesville, N.C. 28677

LOCATION OF PROPERTY Rt 5 Box 1 Statesville, N.C. 28677 TAX MAP NO. _____ PARCEL NO. _____ S. R. No. _____

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

House ( ) Mobile Home (✓) Business ( ) Other MAY ADD A HOUSE LATER.

No. Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil Loam Suitable

Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 1 in 30 Legal

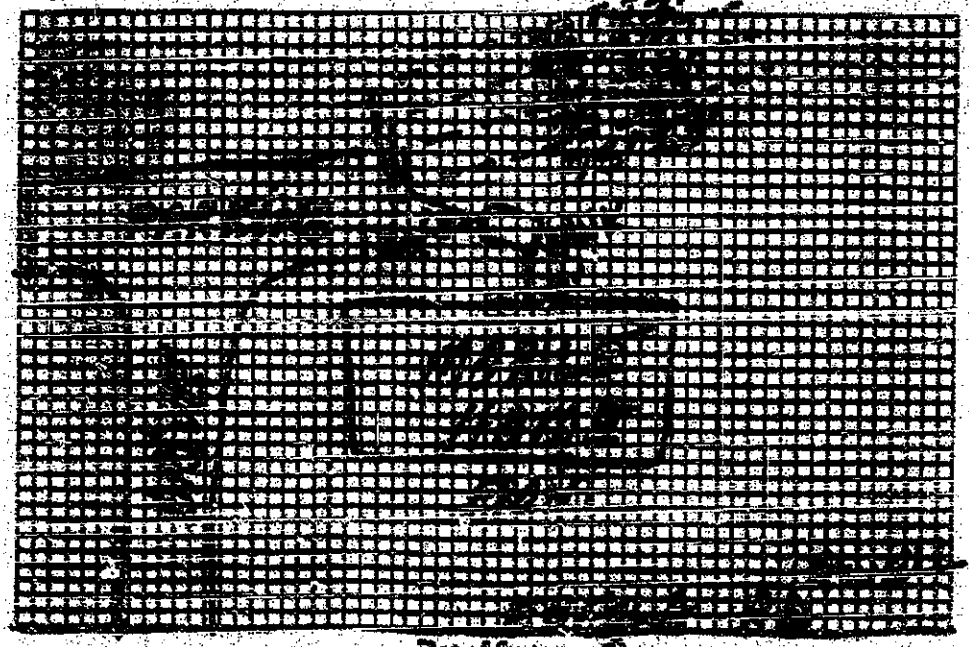
Auto. Dishwasher Yes ( ) No (✓) Topography Slight

Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 18+

Site Suitable Yes (✓) No ( ) Rock or other impervious formations None Encountered

Lot Area 1 Acre+

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gal.

Nitrification Field: No. of Lines 4

Sq. Ft. 300 Lineal Ft. 300

Depth of Stone in Lines 12

Water Supply: Individual (✓)
Public ( )

Installed by Coffin Farms

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

Signed: _____

IMPROVEMENTS PERMIT BY Mike Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Mike Brown DATE 6-5-90

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.

JAN. 3, 1989 18:54