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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR ALAN CORBETT DATE 6-23-92. PERMIT NO. 8K-6-A6 8V-6-A-6.

PHONE: Business _____ Home _____

LOCATION Old Mtn. Rd. south of White Oaks - go past Trinity Bapt. Church & T.L. into dev. - go approx. ½ mi. on R

SUBDIVISION NAME CELESTE ESTATES. LOT NO. 6. SECTION OR BLOCK NO. _____ S.R. No. _____

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

No. Bedrooms 3 No. Bathrooms 4

Garbage Disposal Unit Yes [ ] No [✓]

Auto. Dishwasher Yes [✓] No [ ]

Auto. Wash. Machine Yes [✓] No [ ]

Lot Area Ample.

Soil Characteristics Prev. Suitable.

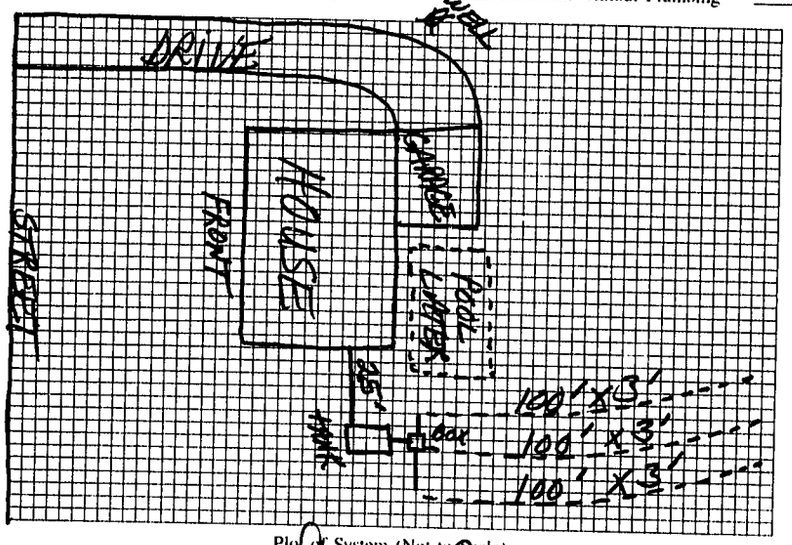
Application Rate .4 gal./Sq. ft.

Topography 2-6%

Depth to Water Table 10'+

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 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual [✓]

Public [ ]

Installed by Yountz & Sons

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 _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6-23-92.

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