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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 Robert E. Eudy DATE 9-15-89 PERMIT NO. 140

PHONE: Business _____ Home _____

LOCATION Old mtn Rd From Trantmans To Trantmans Farm Rd 1.25 mi. on left

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

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

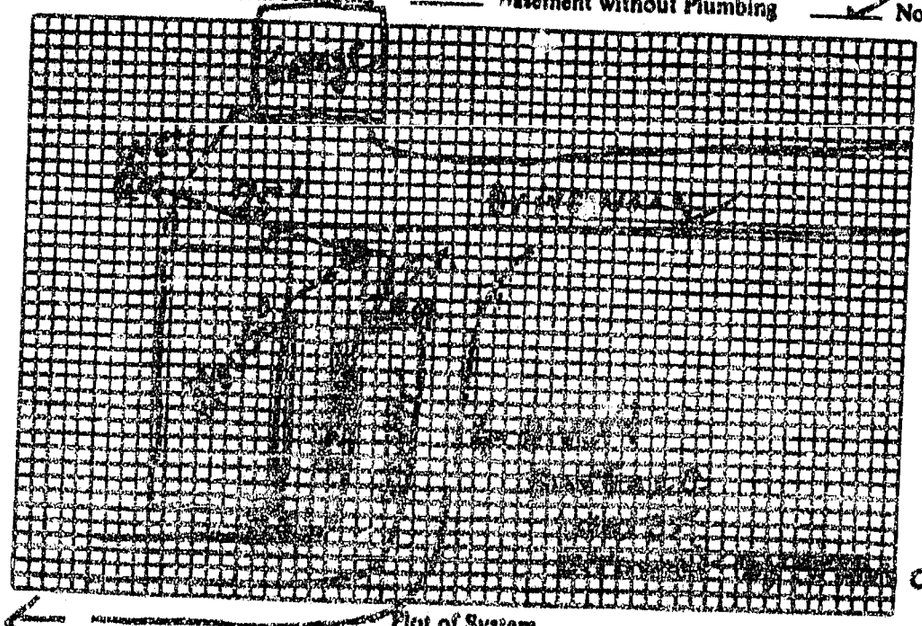
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil Prev Suitable
Percolation Rate .5
Topography Hilly
Depth to Water Table 10'
Rock or other impervious formations None

Lot Area 7 acres

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 795 Linear Ft. 263
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by WCS Systems

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

Signed: _____

always keep ditch open

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Pipe cutter transports away from area of drain lines

CERTIFICATE OF COMPLETION BY P. C. Mote DATE 9-15-89

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