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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 GARRY SHEPHARD DATE 4-7-87. PERMIT NO.

PHONE: Business Home

LOCATION Westminster Drive off Hwy 64 - West - T.L. on Westover Dr. 4th house on left. S. R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

House (4) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms No. Bathrooms

Garbage Disposal Unit	Yes ( )	No ( )	
Auto. Dishwasher	Yes ( )	No ( )	
Auto. Wash. Machine	Yes ( )	No ( )	
Site Suitable	Yes (4)	No ( )	

Lot Area Ample

Character & Porosity of Soil

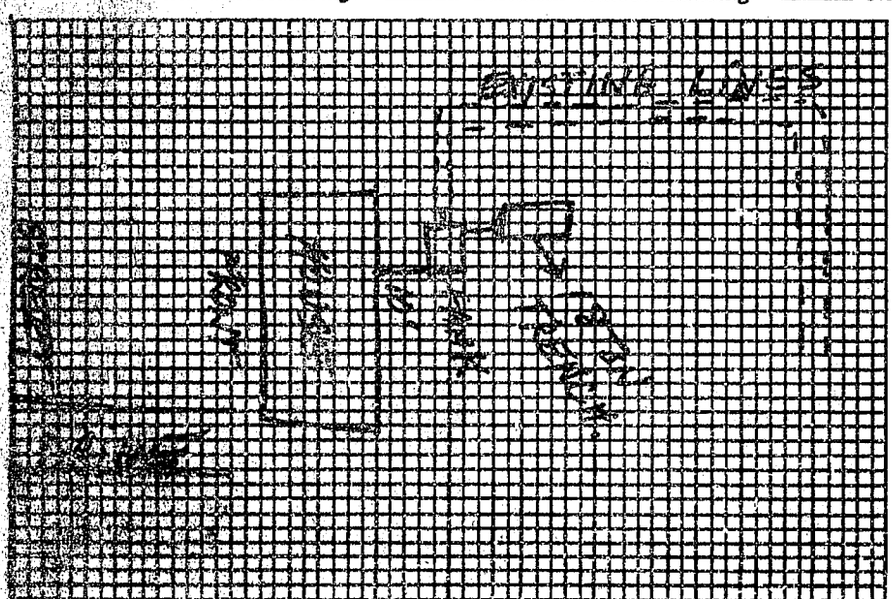
Percolation Rate

Topography Repair

Depth to Water Table

Rock or other impervious formations

____ Basement with Plumbing ____ Basement without Plumbing 4 No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:
No. of Lines
Sq. Ft. Linear Ft.
Depth of Stone in Lines

Water Supply: Individual ( )
Public (4)

18 TON SUBSURFACE TRENCH INSTALLED.

Installed by J. C. Forsyth

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

Signed:

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Tank pumped.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-7-87

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