CITY OF STATESVILLE.

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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 COYE R. DAVENPORT DATE 6-10-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 517 Bristoff Drive.

S. R. No. _____

SUBDIVISION NAME GREGORY ADD. TO GREENCREST LOT NO. 3+10 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 1 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area Ample

Character & Porosity of Soil Prov. Suitable.

Percolation Rate 1 gal. / sq. ft.

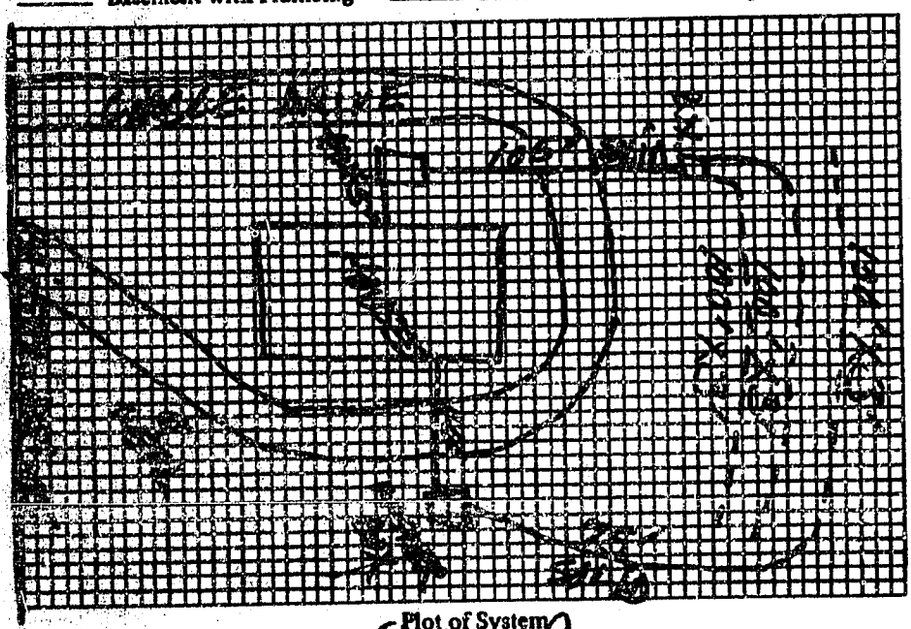
Topography Level

Depth to Water Table 10'+

Rock or other impervious formations None observed.

400 gal. water per

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 24"+

Water Supply: Individual (✓)

Public ( )

Installed by Coye Davenport

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6-10-87

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