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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 C+D CONSTRUCTION DATE 5-18-90 PERMIT NO. 90-A-67

PHONE: Business _____ Home _____

LOCATION Hwy. 90 W-T.R. on Grayson Park Rd - Storage Bldgs. on R.

S.R. No. _____

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

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

No. Bedrooms _____ No. Bathrooms 1/2 Character & Porosity of Soil Pers Suitable.

Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 2-18-90 44

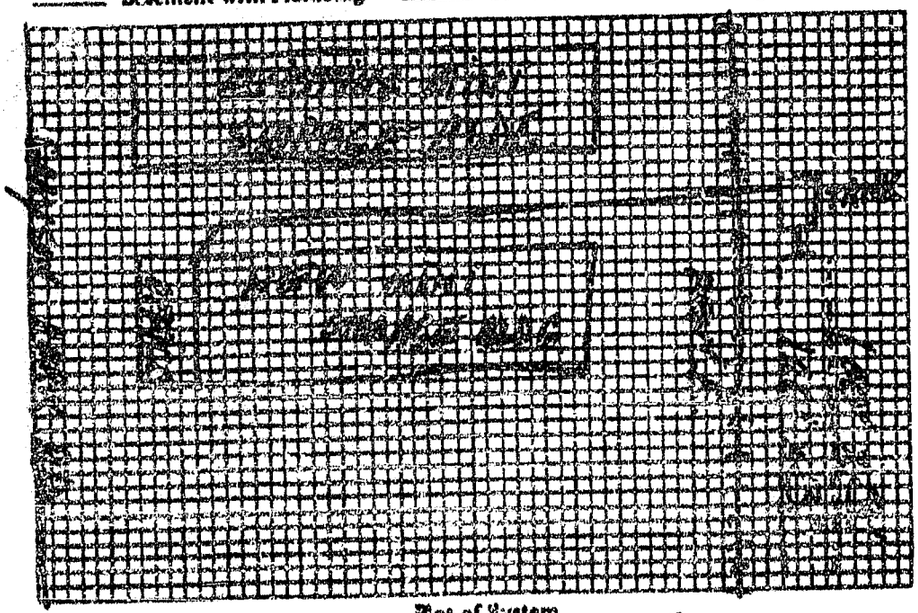
Auto. Dishwasher Yes ( ) No (✓) Topography 2-18-90 LL

Auto. Wash. Machine Yes ( ) No (✓) Depth to Water Table 10+

Site Suitable Yes (✓) No ( ) Rock or other impervious formations scattered rock

Lot Area .96 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. Total Lineal Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by James Hudson

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

Signed: _____

IMPROVEMENTS PERMIT BY Glenn Fox Jr.

COMMENTS: 1 to 2' from fence. Flow divider used.

CERTIFICATE OF COMPLETION BY Glenn Fox DATE 5-18-90

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.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold