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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 Stephen Smart DATE 2-12-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N TL on Sullivan Farm Rd, Cross Rd 115 on to Scott Farm Rd TL on Ethel Long TR on D.J. Lee Herman Lighting S. R. No. _____

SUBDIVISION NAME Wood Rose Park LOT NO. 48 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2.5

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

Character & Porosity of Soil Clay Loam

Percolation Rate 4 Sec avg 27 Min

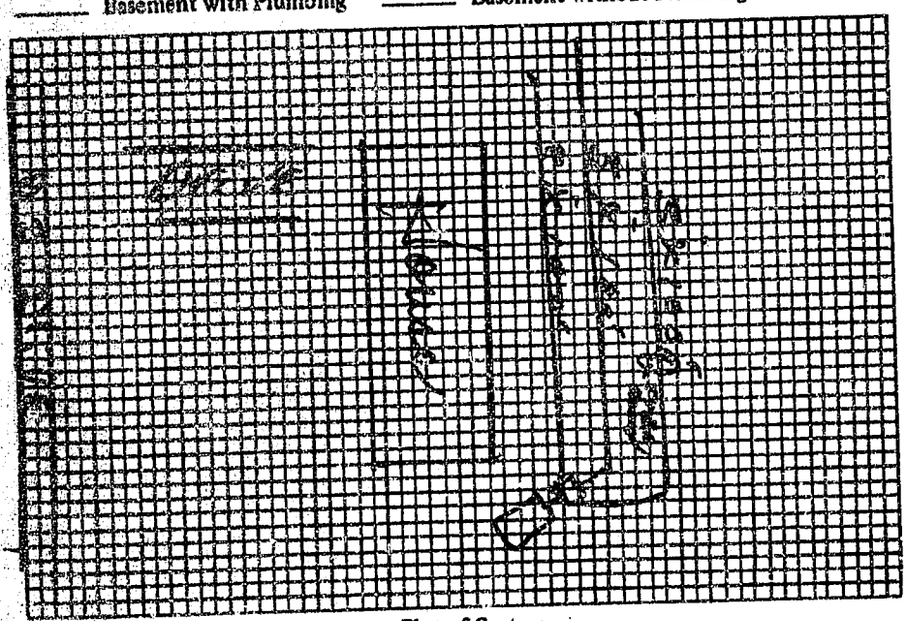
Topography Rolling

Depth to Water Table 10'

Rock or other impervious formations None

Lot Area 1.8 Acre

_____ 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 12"

Water Supply: Individual ( )

Public (✓)

Installed by Jerry Shepherd

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Limited area for S.F. Dwelling, Home Owner to locate on lot. [redacted] and Crowded by Trees.

CERTIFICATE OF COMPLETION BY _____ DATE 2/15/85

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