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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 [illegible] DATE 2-13-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 115 - Turn South Farm Rd 1 Mile to Tabbs Lane - 2nd Dirt Lane Immediately S.R. No. _____

SUBDIVISION NAME Woodrose LOT NO. 45 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1.5

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 Gal sq ft - Approved 24 hr.

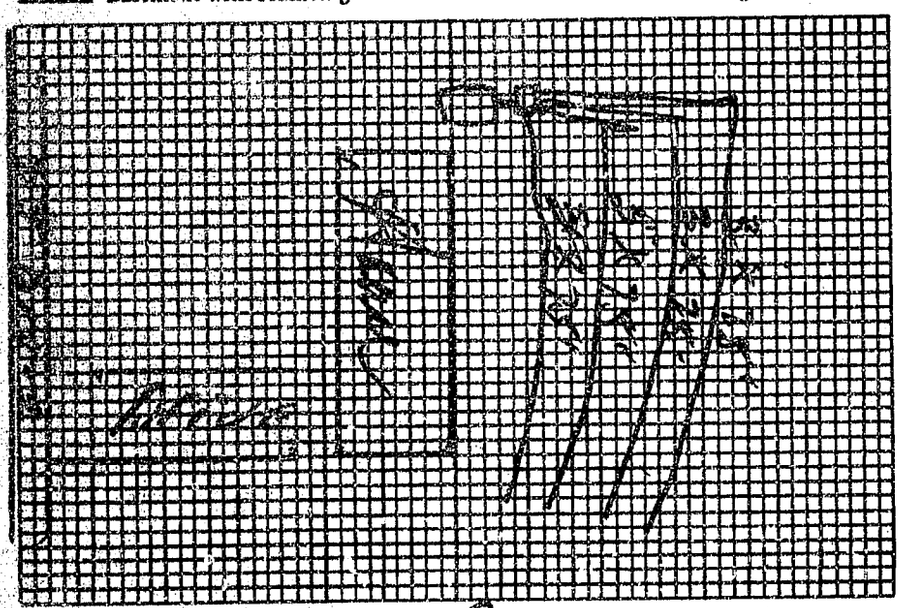
Topography [illegible]

Depth to Water Table [illegible]

Rock or other impervious formations 60" Clay

Lot Area [illegible]

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 200 Linear Ft. 300
Depth of Stone in Lines 24"

Water Supply: Individual ( )
Public (✓)

Installed by [illegible]

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

Signed: _____

IMPROVEMENTS PERMIT BY [illegible]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [illegible] DATE 4/13/87

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