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 7826 David Earnest DATE 8/4/89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Rt. N 2 Bisgah 2 Treebark 2 Woodsdale 2 in Cul de Sac

_____ S. R. No. _____

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

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

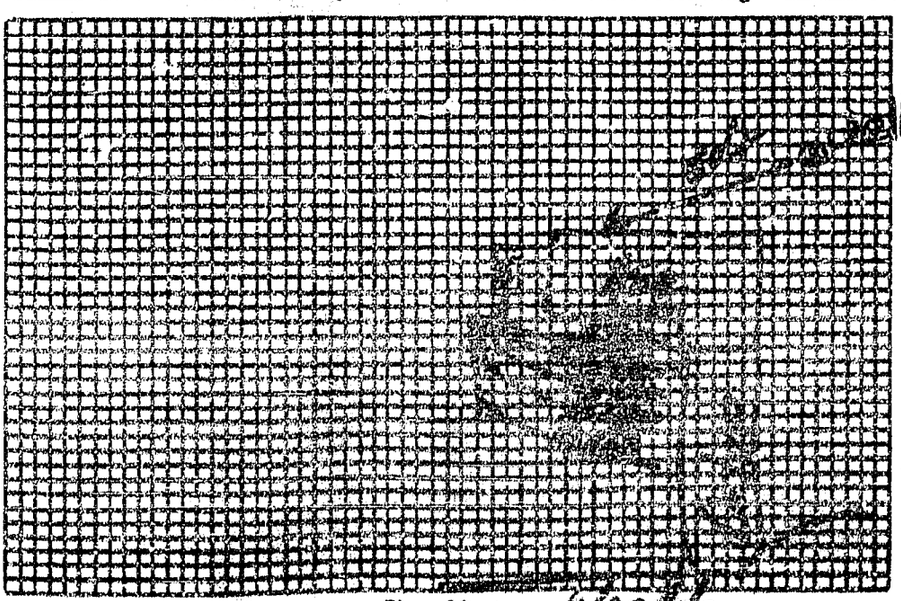
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 1.94 Ac.

Character & Porosity of Soil Gravelly Sandy Loam
Percolation Rate 2
Topography 2 to 8%
Depth to Water Table 10'
Rock or other impervious formations None

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System Wooded

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 300 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Bud Frye

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

Signed: _____

IMPROVEMENTS PERMIT BY D Weaver

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D Weaver DATE 8/11/89

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