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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 TRION FINANCIAL LTD. DATE 6-16-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 115 N past Snow Creek - dev. on left. S. R. No. _____

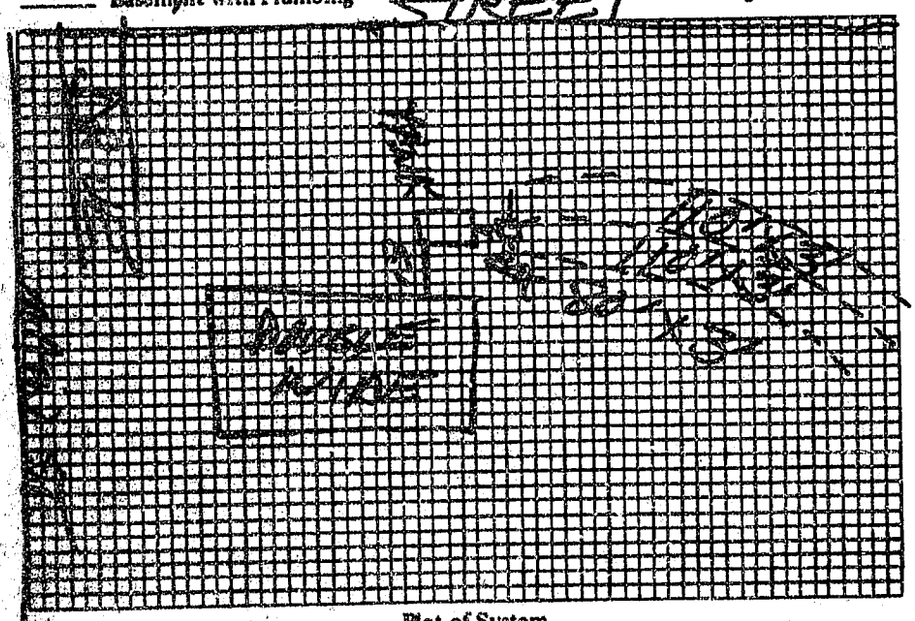
SUBDIVISION NAME COUNTRY LIFE ESTATES LOT NO. 24 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (Double Wide) Business ( ) Other _____

No. Bedrooms 3	No. Bathrooms 2			Character & Porosity of Soil	Grav. Suitable.
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	40 gal. Rg. Std.
Auto. Dishwasher	Yes ( )	No (✓)		Topography	2-6%
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	10' +
Site Suitable	Yes (✓)	No ( )		Rock or other impervious formations	none observed.

Lot Area Ample

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 450 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Dennis Hollifield

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 6-16-87

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