IREDELL COUNTY HEALTH DEPARTMENT 4730-30-1759

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR B. F. LANCASTER DATE 12-20-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W. SR 1303 SR 1321 (State Park Road) SR 1475 (Rock Hall Road) R on Private Road S. R. No. _____
4th or Circle Lot on R before 3rd House

SUBDIVISION NAME Allison Acres LOT NO. Lot 21 SECTION OR BLOCK NO. _____

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

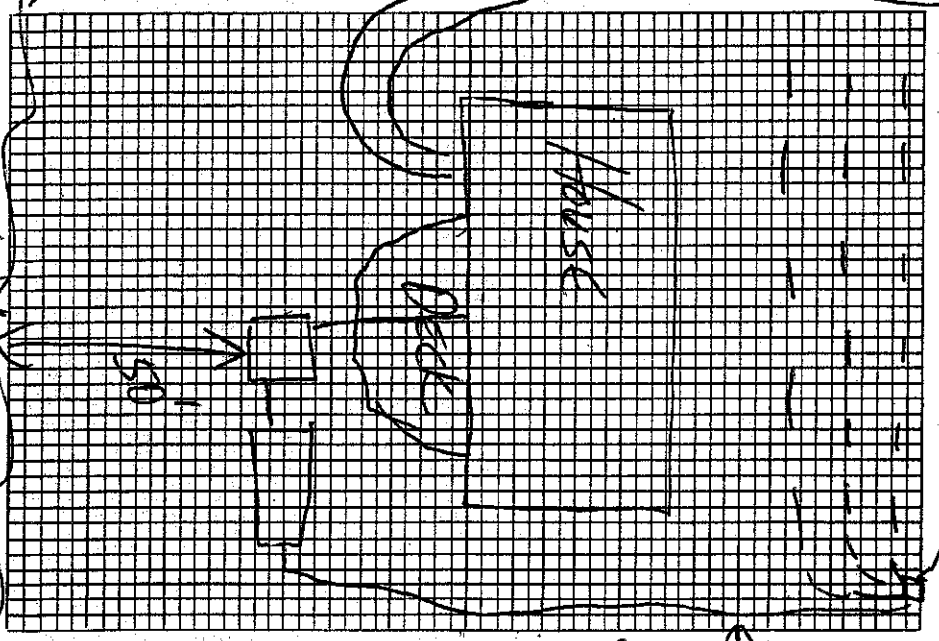
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area ~20,000 FT2

Character & Porosity of Soil CLAY
Percolation Rate 0.5 GAL/FT2/DAY
Topography 2 @ 10% 4 @ 15%
Depth to Water Table _____
Rock or other impervious formations NONE OBS.

(X) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: (X) Wayne Parlier

IMPROVEMENTS PERMIT BY Ted Clemmer

COMMENTS: Relayout - Bldg. Site

CERTIFICATE OF COMPLETION BY _____ DATE _____

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