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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 EMMETT FORREST DATE 9-27-91 PERMIT NO. 3F-13-A-14.

PHONE: Business ____ Home ____

LOCATION State Park Rd. off Post Rd. - T.L. on Honeycutt Rd. - go to end then Don Brewton Trail - T.L. on S. Pt. - go to intersection - lot across rd. S. R. No. ____

SUBDIVISION NAME CAPTAIN'S COVE. LOT NO. 14. SECTION OR BLOCK NO. ____

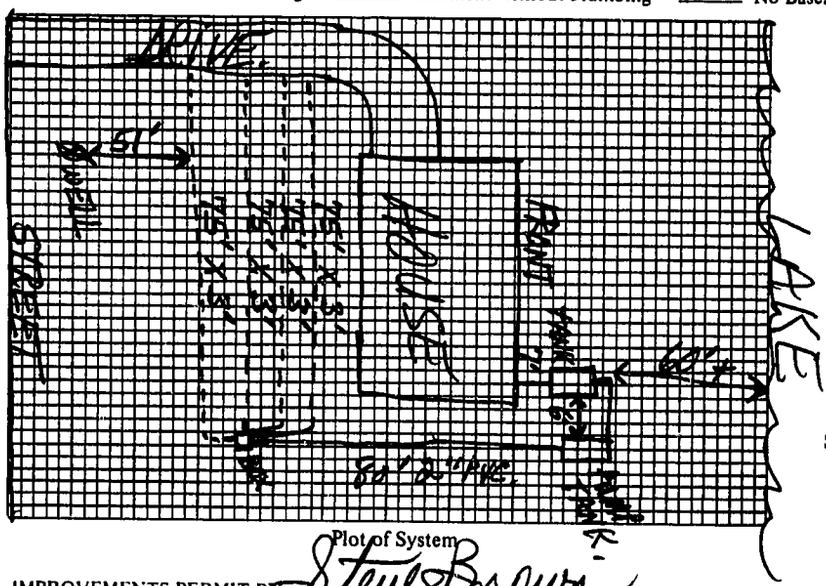
House (✓) Mobile Home ( ) Business ( ) Other ____

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Prov. Suitable.
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate Fast / 2 min.
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2-5%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 18+
			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 PLUS 1000 PUMP TANK. Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 400 Linear Ft. 300
Depth of Stone in Lines 12

Water Supply: Individual (✓)
Public ( )

Installed by Wes Lytton

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

Signed: ____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: 1/2 horsepower Liberty pump used. Repair area between house + drainfield + between house + lake.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 10-3-91.

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