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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 David Brown DATE 8-16-85 PERMIT NO. 362

PHONE: Business _____ Home _____

LOCATION 115-21 North To 1312 X I 77 pass 1314 TR dirt Road beside 2nd house on R S. R. No. _____

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

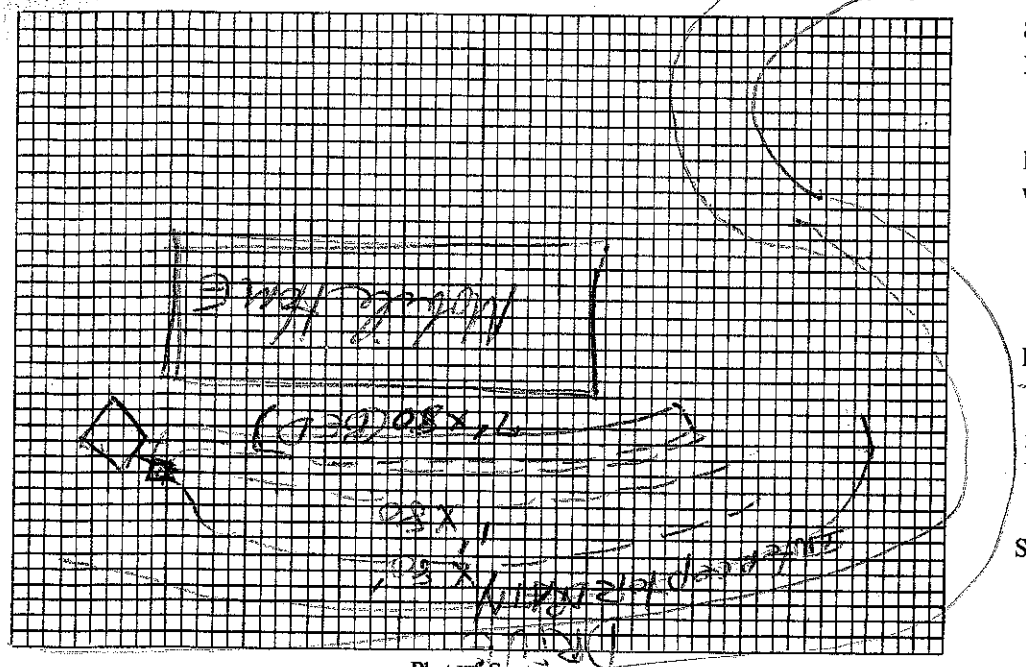
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0.5 gal/sq ft/day	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	Level	
Site Suitable	Yes (X)	No ( )	Depth to Water Table	3-4'	
			Rock or other impervious formations	None obs.	

Lot Area 1.19 ACRES

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (X) Well next door (Rock Hash)

Public _____

Installed by OWNER

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

Signed: _____

IMPROVEMENTS PERMIT BY Paul Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Paul Clemmer DATE 8-16-85

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