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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/CONTRACTOR David Sowers DATE 8/21/89 PERMIT NO. 4K-1-A-45

PHONE Business _____ Home 528-6459

LOCATION 1100 TR Amity-Ostwalt TR Annebelle 1st R. (1st dirt Rd past Overcash Rd) S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 85-88 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Washmachine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area existing (3 lots)

Character & Porosity of Soil existing

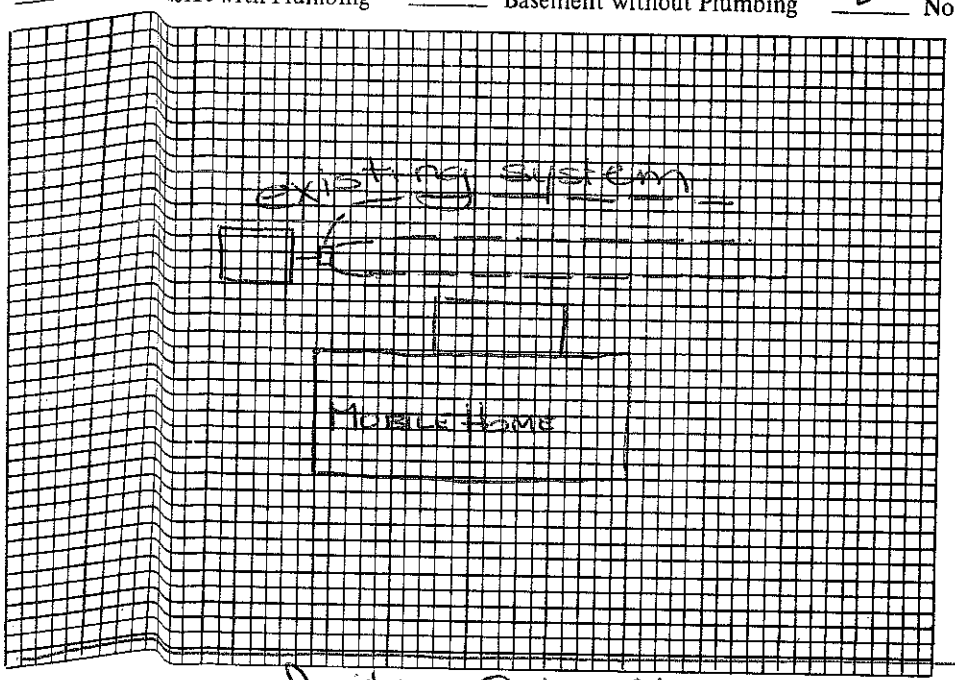
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Amity Plot of System Ostwalt

Size of Tank existing Gals.

Nitrification Field:
No. of Lines ~3
Sq. Ft. existing Linear Ft.
Depth of Stone in Lines _____

Water Supply: Individual (x) next door
Public ( )

Installed by _____

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

Signed: _____

*installed for: Larry Critcher ~1986

IMPROVEMENTS PERMIT BY _____

COMMENTS: No sign of sewage malfunction at the date of this inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andre C Price, R.S. DATE 8/21/89

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