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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 Fred DeBozier DATE 9-24-90 PERMIT NO. 55-22-A-48

PHONE: Business _____ Home _____

LOCATION Fines Creek Dr. S. R. No. _____

SUBDIVISION NAME Neely Green LOT NO. 48 SECTION OR BLOCK NO. _____

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

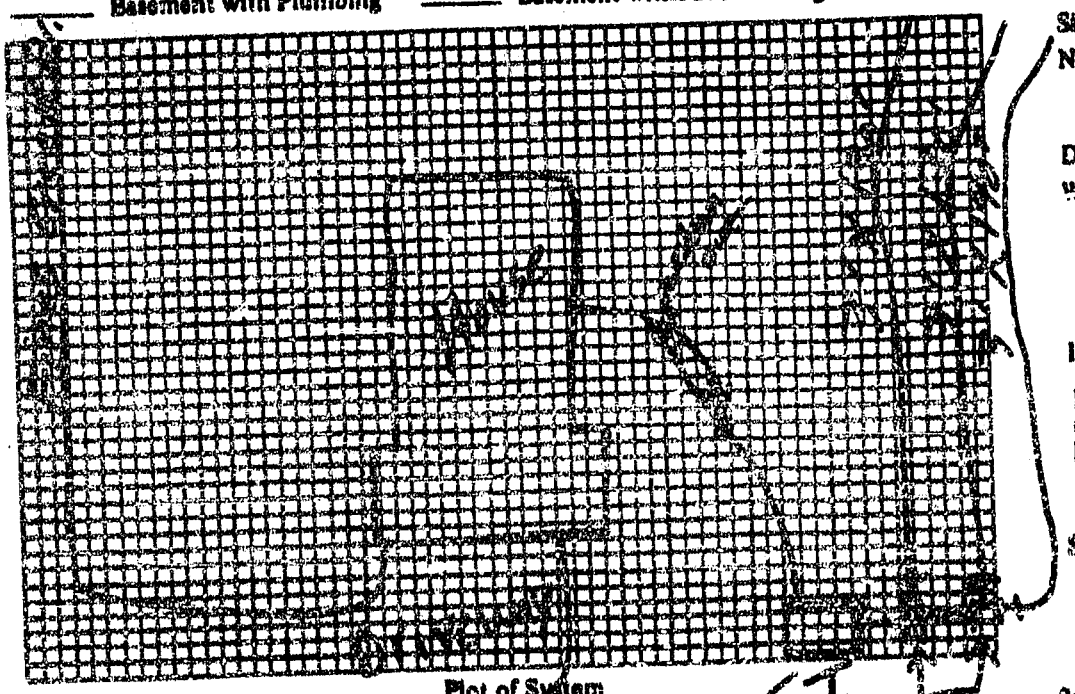
No. Bedrooms 4 No. Bathrooms 3 1/2

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

Character & Porosity of Soil clayey
Percolation Rate .4
Topography 2 to 8%
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 Gals.
Nitrification Field: 3
No. of Lines
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Donald Fackler

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

Signed: _____

IMPROVEMENTS PERMIT BY P.C. Moore

Distribution box set up as drop box arrangement

COMMENTS: Copper Lines Feed First

CERTIFICATE OF COMPLETION BY P.C. Moore DATE 9-24-90

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