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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Tom Brewer DATE 6-1-92 PERMIT NO. 106-7-A-10

PHONE: Business _____ Home _____

LOCATION Jane Sowers TL Baymount TL Renaissance TL Big oak Jane 2nd lot on Rt. S.R. No. _____

SUBDIVISION NAME Baymount LOT NO. 10 SECTION OR BLOCK NO. _____

House [✓] Mobile Home [ ] Business [ ] Other _____

No. Bedrooms 3 No. Bathrooms 2½ Soil Characteristics clayey

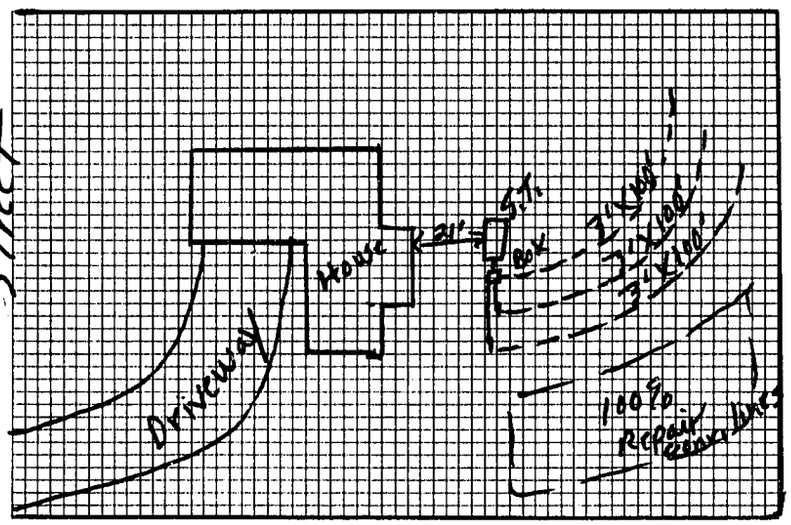
Garbage Disposal Unit Yes [✓] No [ ] Application Rate .4

Auto. Dishwasher Yes [✓] No [ ] Topography 2 to 6%

Auto. Wash. Machine Yes [✓] No [ ] Depth to Water Table 10'+

Lot Area 1.12 acres Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual [ ]

Public [✓]

Installed by Eddie Yountz & Sons

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY J.C. moore

COMMENTS _____

CERTIFICATE OF COMPLETION BY J.C. moore DATE 6-1-92

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold