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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 Jeffrey Allen Parker DATE 12/20/91 PERMIT NO. 411-B-28A

PHONE: Business _____ Home _____

LOCATION 115N TR 2383 (Shinnville Rd.) on R just past jct w/ 2382 (Brawley Rd.)

S. R. No. _____

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

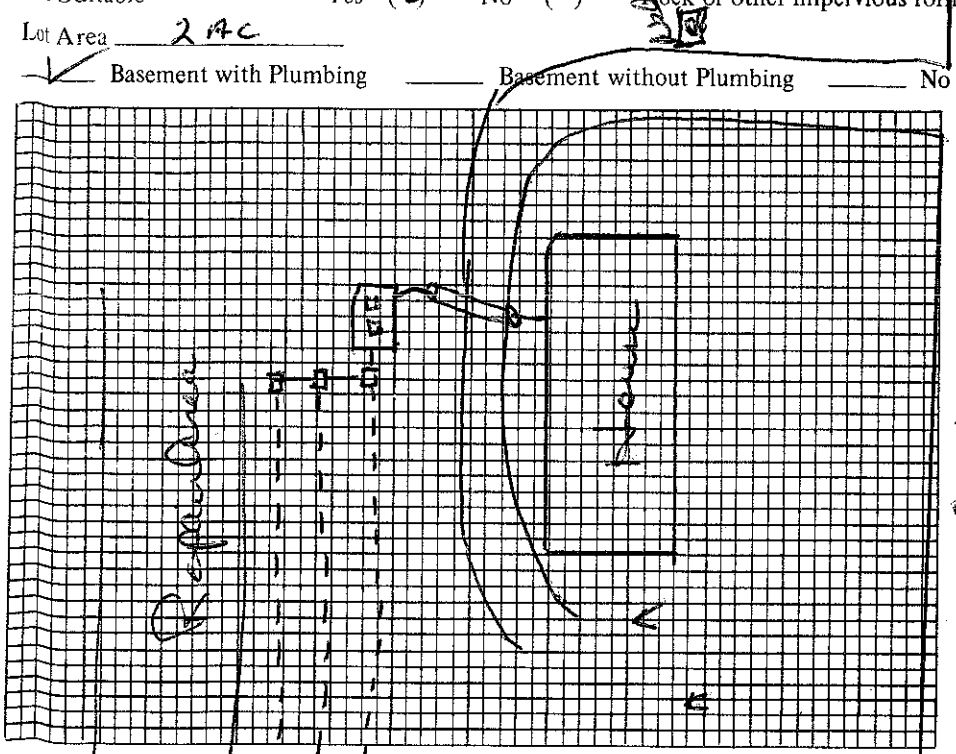
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	P clay/trans.
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	4 of 30"
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	4-6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	7 48"
			Rock or other impervious formations	none abound

Lot Area 2 AC

(✓) Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3 @ 100' x 3'

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Larry Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Lines on contour in direction shown. Repair area below drainfield as shown on area of drawing.

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 12/20/91

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: Go'