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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 William T Gray Jr. DATE 4/14/89 PERMIT NO. _____

PHONE: Business _____ Home 663-7687

LOCATION 115 N TR Shinnville Pass Shinn's Store ~3miles on left S. R. No. _____

SUBDIVISION NAME Acreage LOT NO. _____ SECTION OR BLOCK NO. 4J-A-58 Barringer

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

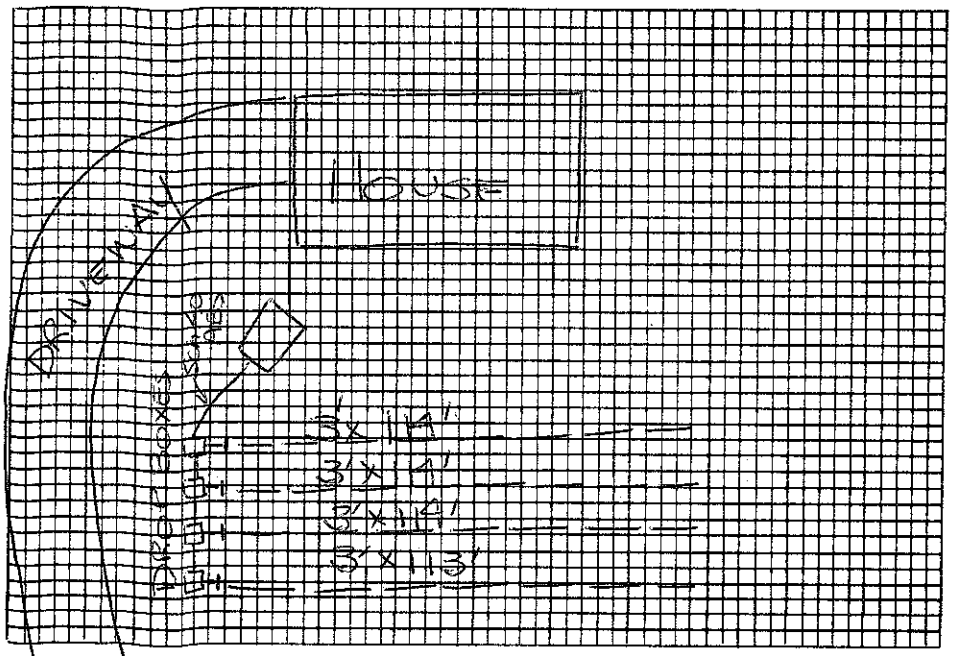
No. Bedrooms 4 No. Bathrooms ~3 1/2

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 .35 gpd/ft²
Topography ~10-15%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area 25 Acres

✓ Basement with Plumbing (future) ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1372 Linear Ft. 455
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by E J Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY Andrea C Pierce

COMMENTS: _____

FICATE OF COMPLETION BY Andrea C Pierce DATE 4/14/89

NG SYSTEM CHECKED BY: _____ DATE _____

ONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making nts Permit.

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

PROPERTY DESCRIPTION #8784

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 William T. Gray, Jr. DATE 5/5/88 PERMIT NO. _____

PHONE: Business _____ Home 663-7687

LOCATION 115 N TR Shinnville Pass Shinnville Store, ~ 3 miles on left S. R. No. _____

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

House (X) 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 ~ .35 gpd/ft²

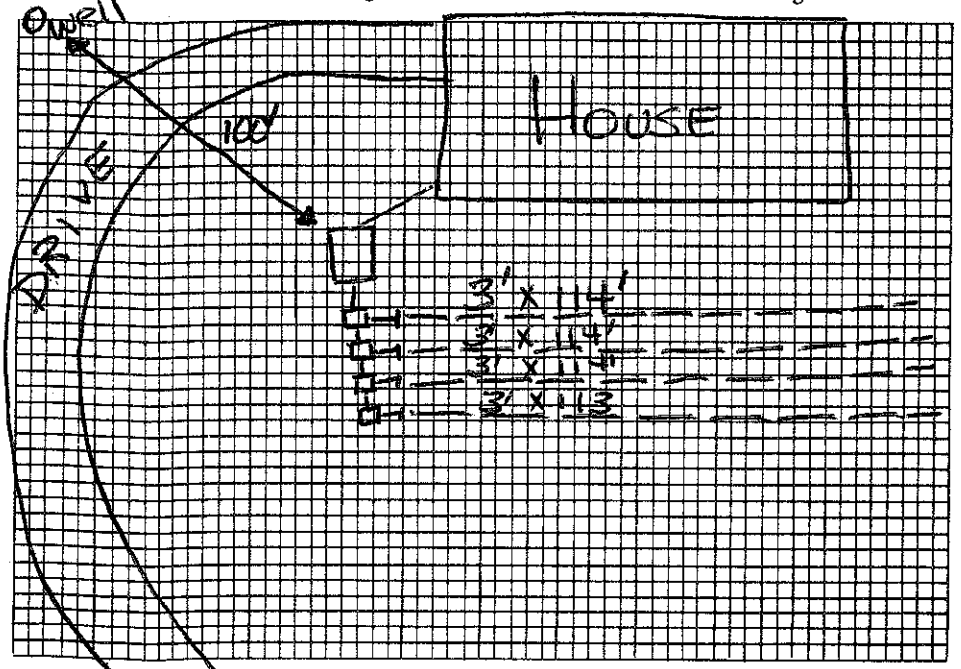
Topography ~ 10%

Depth to Water Table 4'+

Rock or other impervious formations none observed

Lot Area 25 ACRES

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



Plot of System NOT TO SCALE

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1372 Linear Ft. 455

Depth of Stone in Lines 12"

Water Supply: Individual (X) Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Andrew C Queen

COMMENTS: Elevate SHALLOW LINES (24-30" to bottom of trench) and keep ditches level (ON CONTOUR.)

(*) ACREAGE WILL ACCOMODATE A GROUND ABSORPTION SEWAGE SYSTEM.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

It 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