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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 Jim Hobert DATE 4/12/82 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Bobcat Rd. S. R. No. _____

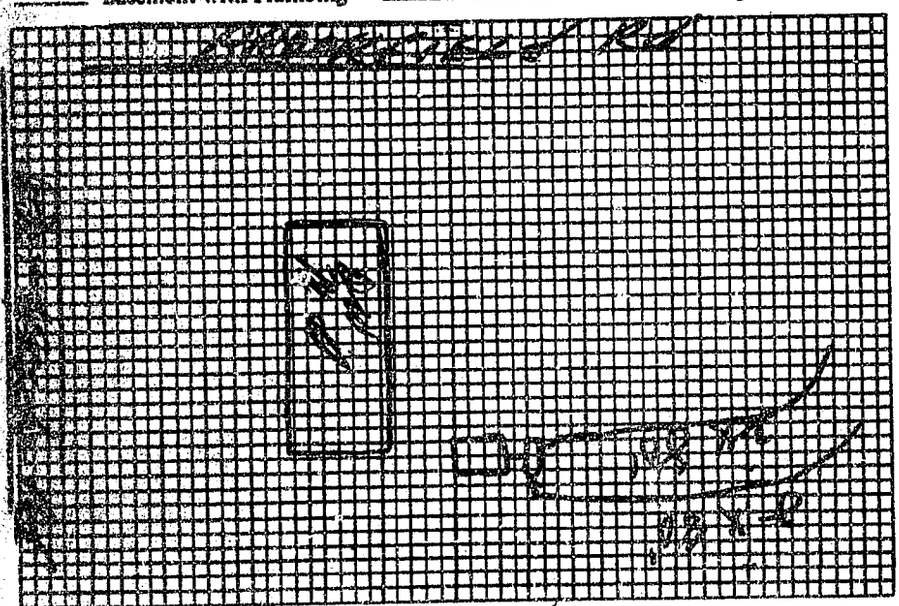
SUBDIVISION Whispering Estates LOT NO. 1 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3	No. Bathrooms 2			Character & Porosity of Soil	Clayey
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	50 gal/sq ft/one day
Auto. Dishwasher	Yes (✓)	No ( )		Topography	2-6 slope
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	18
Site Suitable	Yes (✓)	No ( )		Rock or other impervious formations	none

Lot Area .58

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

160' of 16" T-D Plastic

Installed by Donald Lee Plastic

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

Signed: _____

IMPROVEMENTS PERMIT BY J. E. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 4/13/82

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