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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 T & T Company DATE 5-6-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Wayside Estates Lot 18 S. R. No. _____

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

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

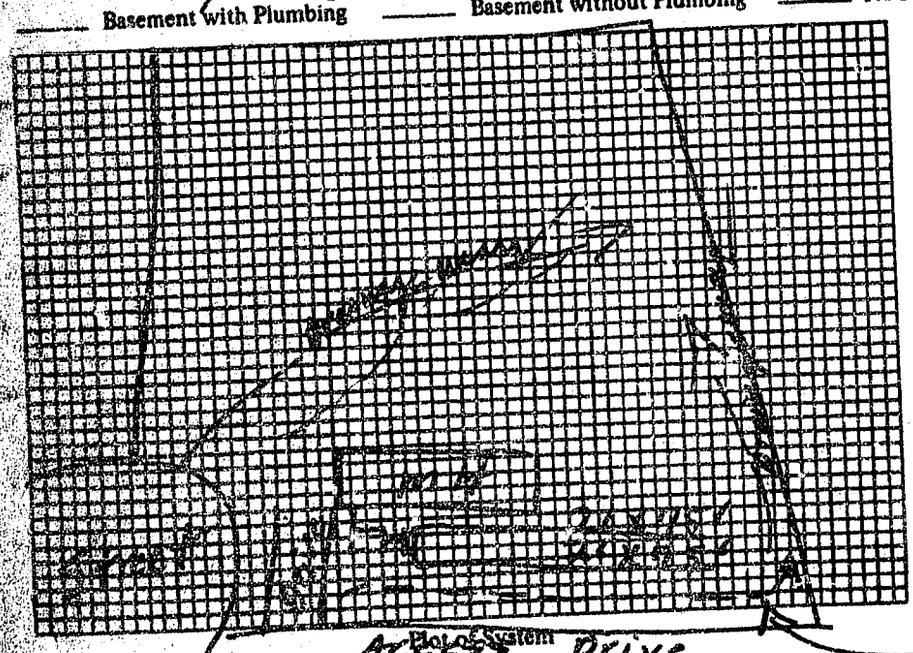
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clayey
Percolation Rate 3
Topography 2 to 6%
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area 26,000 Sq'+

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )
150' of T&J Panel
Installed by Donald Jackey

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

Signed: _____

Divert surface water around septic system

IMPROVEMENTS PERMIT BY E.C. Moore

COMMENTS: Lay-out Amended 5-5-87
mobile Home changed to 2 bedroom

CERTIFICATE OF COMPLETION BY E.C. Moore DATE 5-6-87

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 suppiled in making Improvements Permit.

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