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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 John Poindexter DATE 1-18-90 PERMIT NO. Sm-A-145

PHONE: Business _____ Home _____

LOCATION Bell Rd Turn on Farmwood 2nd Hse on left. S. R. No. _____

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

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

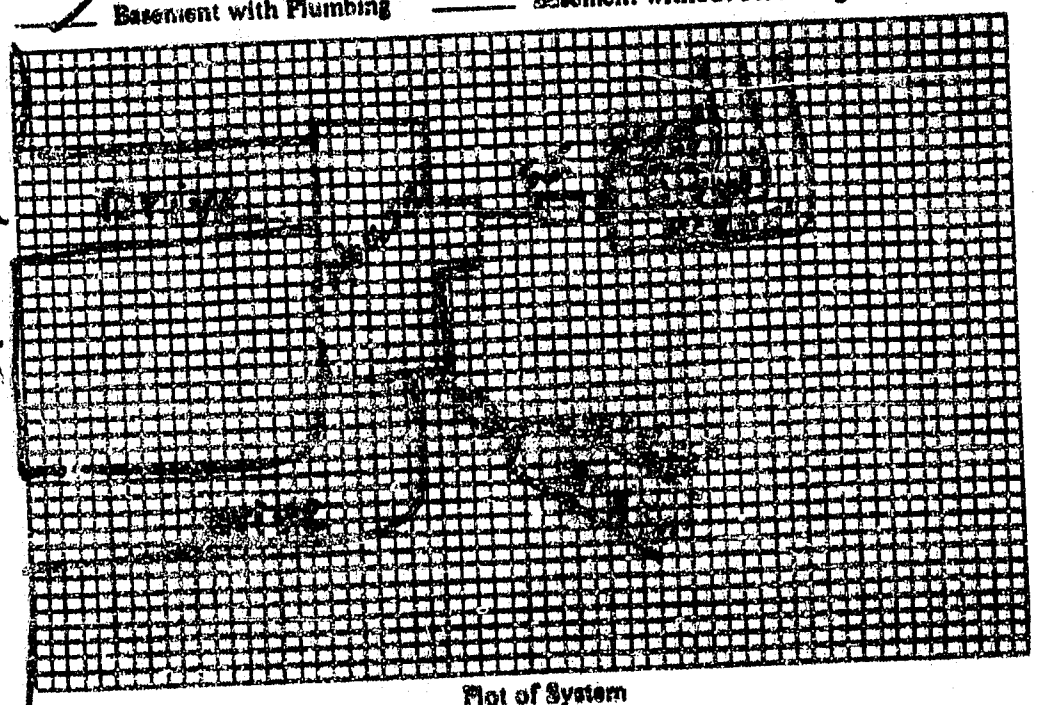
No. Bedrooms 3	No. Bathrooms 3			Character & Porosity of Soil	Clayey
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	3
Auto. Dishwasher	Yes (✓)	No ( )		Topography	Rolling
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	10' +
Site Suitable	Yes (✓)	No ( )		Rock or other impervious formations	None

Lot Area 2.05 acres

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

Size of Tank 1000 upper 1000 lower Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 1300 Lineal Ft. 400
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)



Plot of System

Installed by J. C. Forsyth

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 2-12-90

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