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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)

DATE 6-6-90 PERMIT NO. HE-2-A-92

OWNER OR CONTRACTOR Alan Lewis

PHONE: Business _____ Home _____

LOCATION 64 E to Riverhill Tr oak Haven Past 1st st. to left 1st lot on left S. R. No. _____

SUBDIVISION NAME Country woods LOT NO. 92 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	14
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

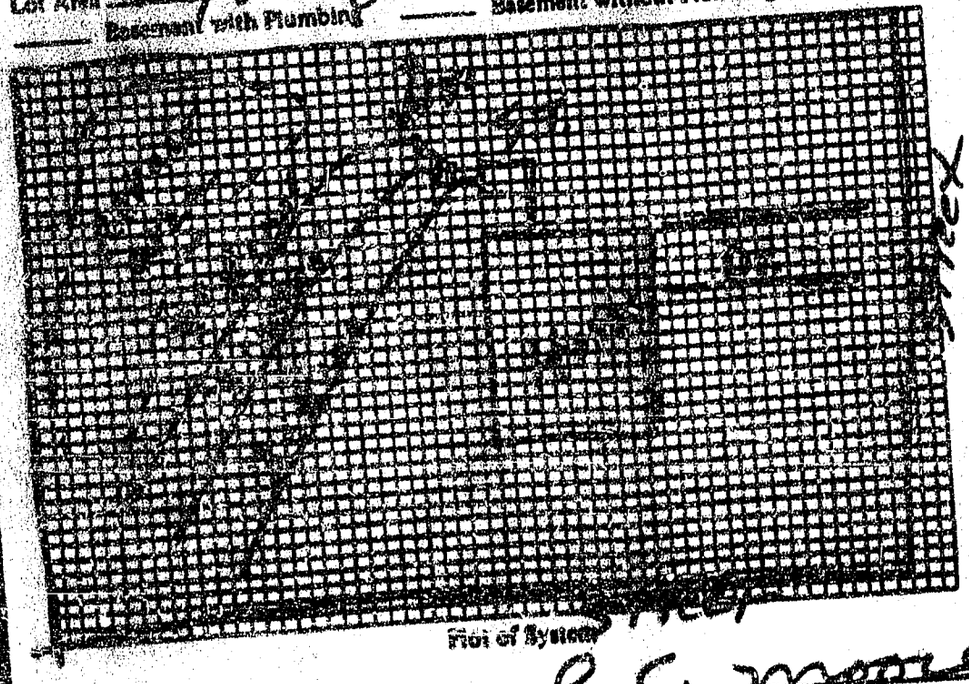
Lot Area 27,700 SF

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)



Plot of System

Installed by Tommy Frye

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

Signed: _____

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 6-6-90

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