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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 Eddie Josey DATE 5-29-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21N TR on Dunlap Gate approx 1mi on L S. R. No. _____

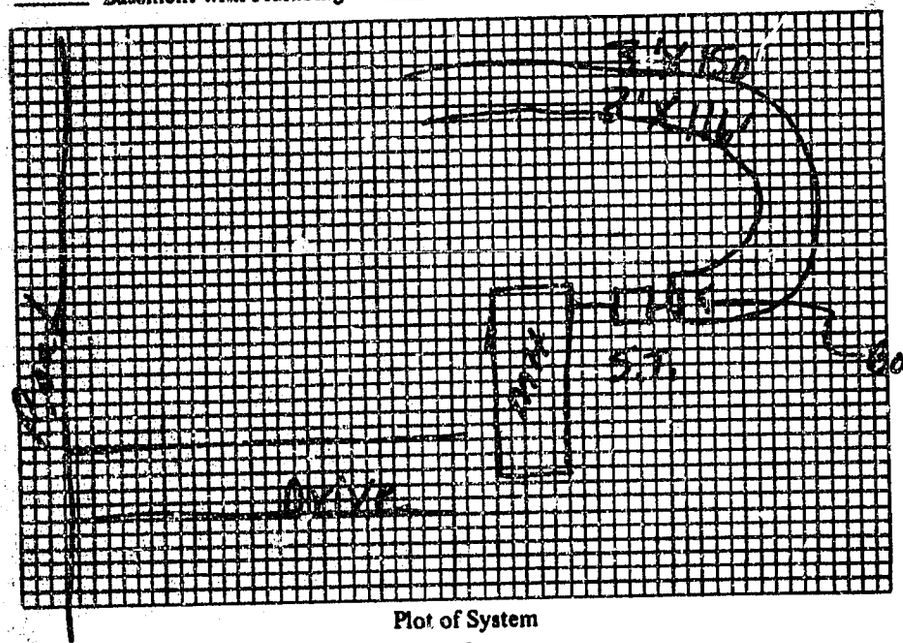
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms	2	No. Bathrooms	2		
Garbage Disposal Unit	Yes ( )	No (✓)		Character & Porosity of Soil	Clayey
Auto. Dishwasher	Yes ( )	No (✓)		Percolation Rate	13
Auto. Wash. Machine	Yes (✓)	No ( )		Topography	2+06+0
Site Suitable	Yes (✓)	No ( )		Depth to Water Table	10'+
				Rock or other impervious formations	None

Lot Area 1.50 acres

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Linear Ft. 266
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by A-1 Backhoe

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

Signed: _____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 5-29-87

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 supplied in making Improvements Permit.

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