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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 Terry Baker DATE 8/9/90 PERMIT NO. 4J-A-45

PHONE: Business _____ Home _____

LOCATION 115 N TR 2383 (Shinnaville Rd) ± Creek ~1 mile
Tk gravel road ~700' on left S. R. No. _____

SUBDIVISION NAME JR Bowles section of Tolbert Estates LOT NO. 4 SECTION OR BLOCK NO. _____
DW 24'x40'

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

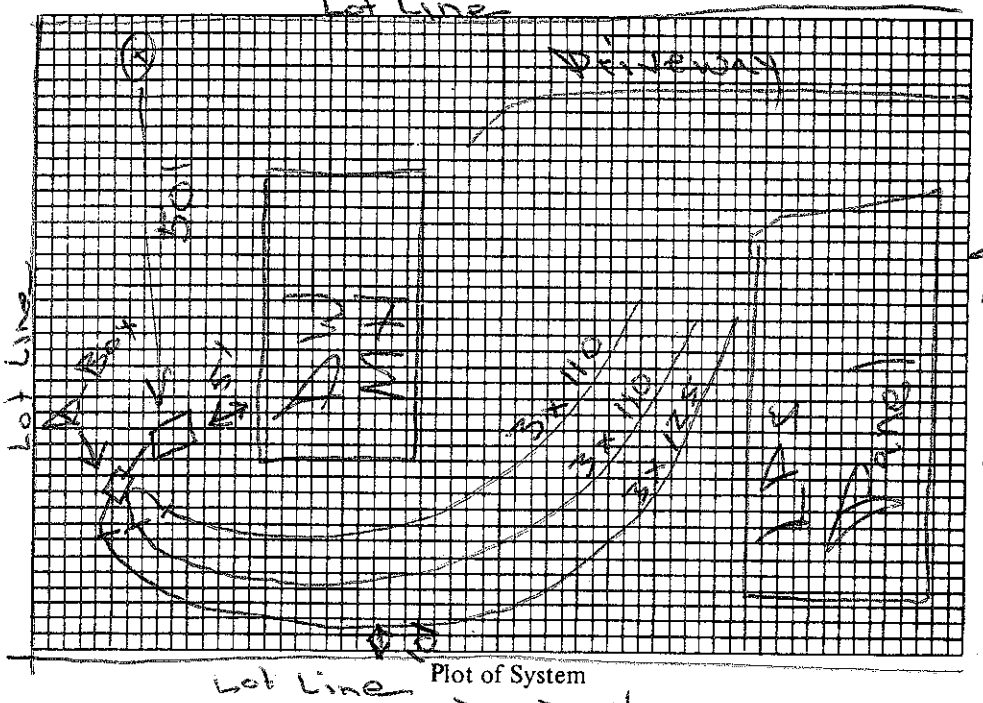
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area ~20,000 ft²

Character & Porosity of Soil PS clay trans
Percolation Rate ~.35
Topography 4-6%
Depth to Water Table 4'+
Rock or other impervious formations sap @ 36"

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Tim Smith

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Well not installed @ time of final
Tank level with ground Upper line deeper than 30".
Well will need to be less than 9' off lot line
to give 50' from tank.

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE 8/9/90

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