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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 Leroy Freeze DATE 12/6/91 PERMIT NO. 45A - 1A

PHONE: Business _____ Home _____

LOCATION 115-21N TR 1001 TR 2362 TL Mt Tabor Rd, 1st house on (L) S. R. No. _____

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

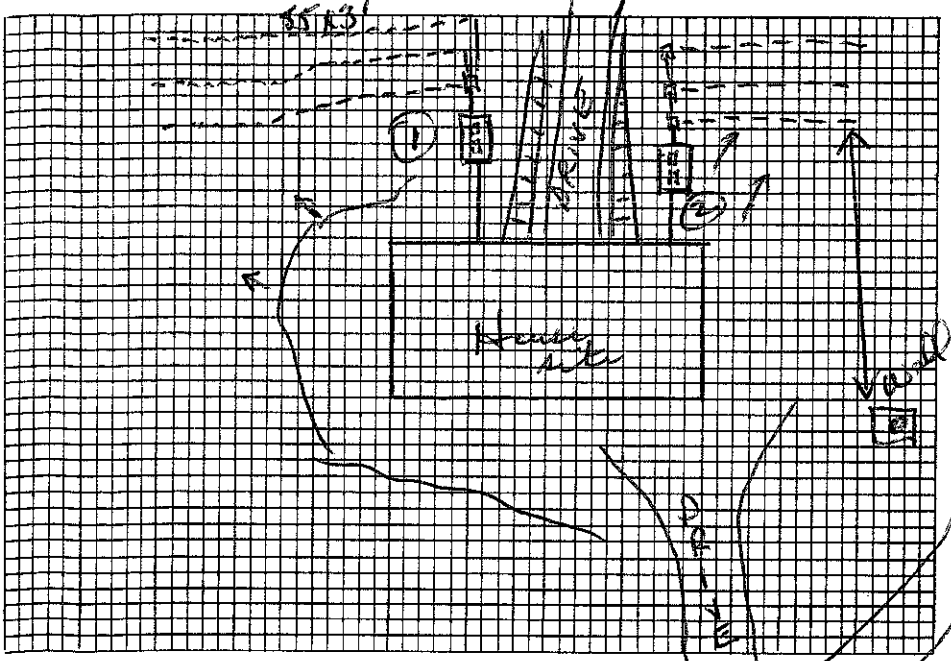
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	P / C (01)	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	35	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-6%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	>48"	
			Rock or other impervious formations	None observed	

Lot Area ACERAGE

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



(1) 1000
Size of Tank (2) 900 Gals.

Nitrification Field:
No. of Lines (1) 3@85 (2) 3@50'
Sq. Ft. 765/450 Linear Ft. 255/150
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by FJ Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Split system requested by owner.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 12/5/91

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