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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 Junior Emery DATE 4/27/90 PERMIT NO. 13G-A-22

PHONE: Business _____ Home _____

LOCATION 21 N – TL on Jennings Rd on left past North Iredell Septic

S. R. No. _____

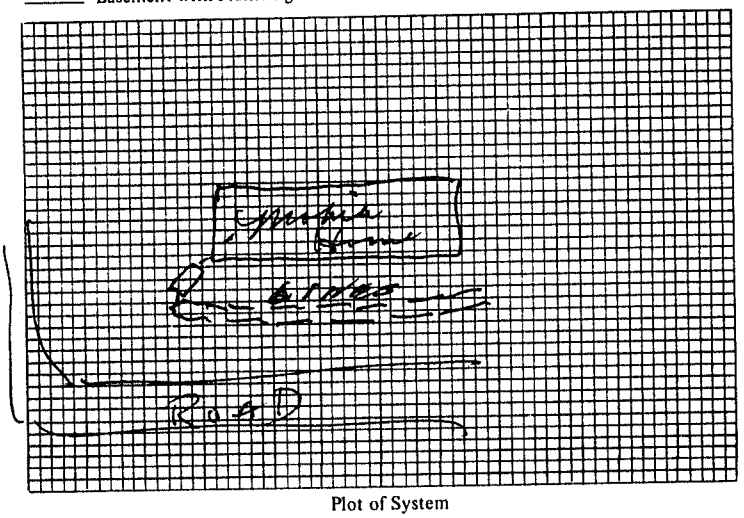
SUBDIVISION NAME Rolling Hill MHP LOT NO. 6 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2	No. Bathrooms 1			Character & Porosity of Soil	
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	
Auto. Dishwasher	Yes ( )	No (✓)		Topography	Existing
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	
Site Suitable	Yes (✓)	No ( )		Rock or other impervious formations	

Lot Area Single

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank _____ Gals.

Nitrification Field: Existing

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Steven Taylor DATE 6/25/90

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