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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 CLARENCE MALONE DATE 6-15-90. PERMIT NO. 16N-A-6

PHONE: Business _____ Home _____

LOCATION I-77N-T.L. on Hwy 901-Hwy Union Grove-T.R. on Ware Bridge Rd.-Go approx. Two mile Rear left. S. R. No. _____

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

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area Ample

Character & Porosity of Soil Prov. Suitable.

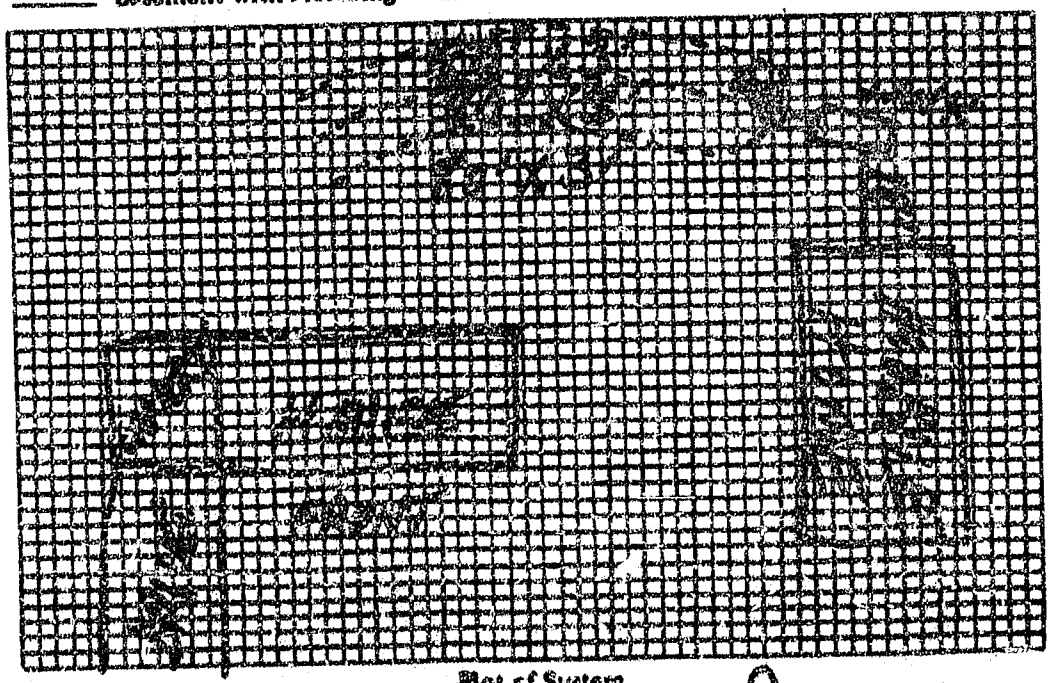
Percolation Rate Prov. 0 Eff.

Topography Rolling

Depth to Water Table 12+

Rock or other impervious formations Not observed

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Lines ft. 240
Depth of Stone in Lines 12

Water Supply: Individual (✓)
Public ( )

Installed by Dennis Hallibar

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

Signed: _____

IMPROVEMENTS PERMIT BY Glenn Hoyle Jr.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6-15-90.

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