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 WALTER PATTERSON DATE 11/27/90 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION HWY 21N, 1ST HOUSE ON (R) PAST ROSEWOOD REST HOME IN HARMONY S. R. No. _____

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

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

No. Bedrooms 4 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓ 3 BDRM) _____

Lot Area ACRE _____ 3 BDRM _____ 4

_____ Basement with Plumbing _____ 3 BDRM Basement without Plumbing ✓ No Basement

Character & Porosity of Soil _____

Percolation Rate _____

Topography _____

Depth to Water Table EXISTING

Rock or other impervious formations _____

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 300 Lines Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public ✓

Plot of System

Installed by AAA ENTERPRISES

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HESLICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HESLICK DATE _____

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