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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 Harold Buelin DATE 8-19-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Harmony 21N TR on Houstonville Rd TL on Sunny Springs TR 2107 Part creek on left S. R. No. _____

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

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

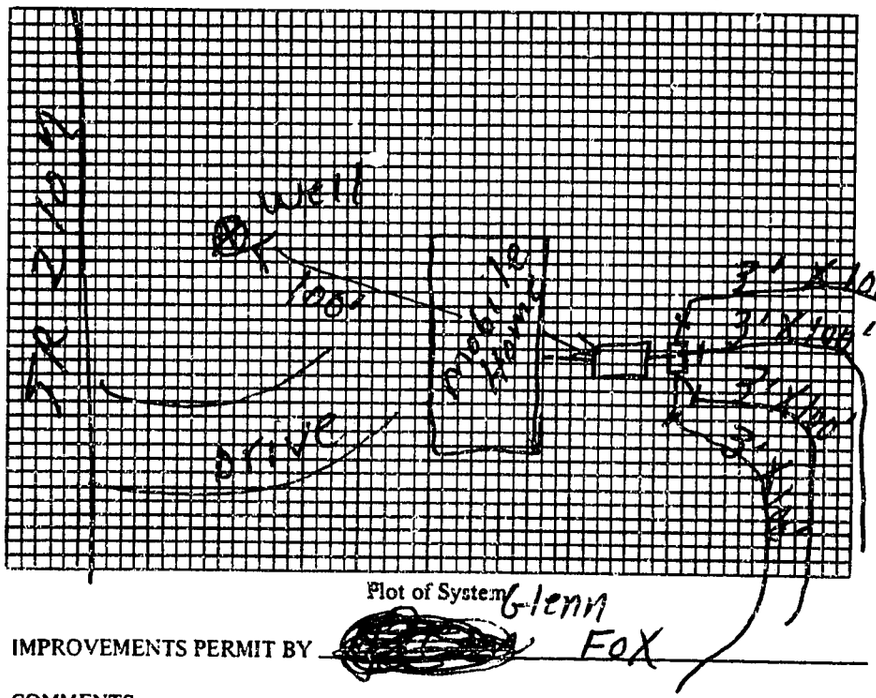
No. Bedrooms 4 No. Bathrooms 2

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

Character & Porosity of Soil Prov. Suitable
Percolation Rate 4 Gal/Sq' Hour
Topography 2 to 18%
Depth to Water Table 10'+
Rock or other impervious formations Rock 36"

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System Glenn

IMPROVEMENTS PERMIT BY Fox

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1200 Linear Ft. 420
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Tommy Nixon

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

Signed: _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 8-19-87

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