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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 Robert B. Payne DATE Mar 1, 1990 PERMIT NO. 2E-1-A-105

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 (Chuckwood) Th on Barber Loop ~1¼ miles on left S. R. No. _____

SUBDIVISION NAME CLT Lake Norman LOT NO. 105 SECTION OR BLOCK NO. 7

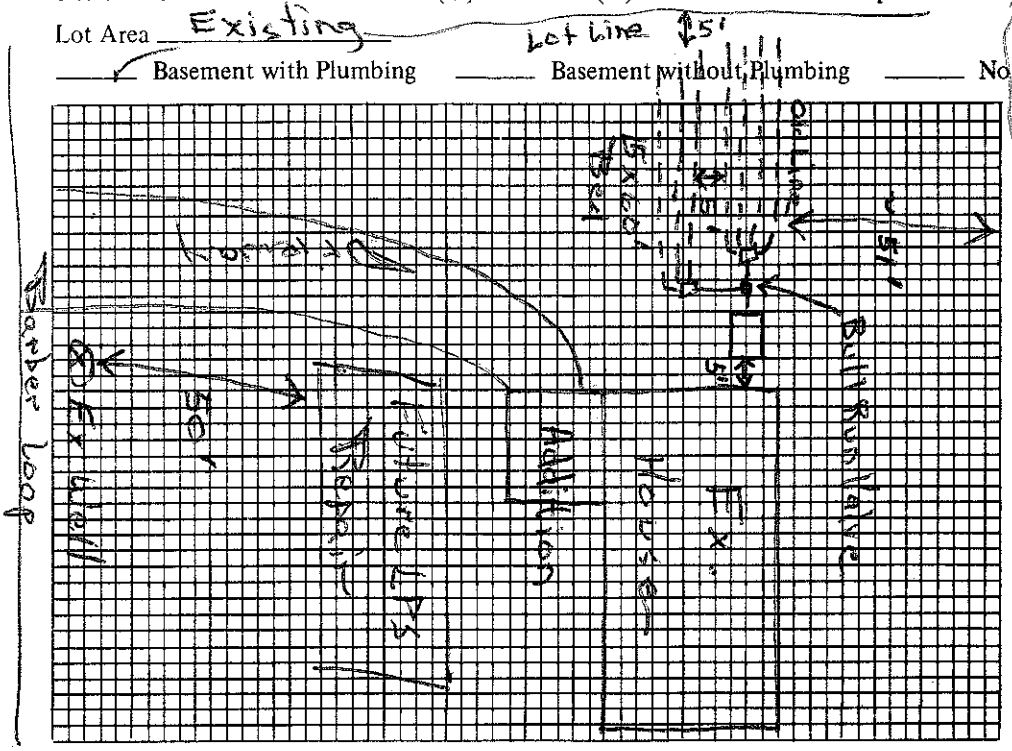
House (✓) Mobile Home ( ) Business ( ) Other Addition Upgrading sewage system to 3 Bedroom Capacity

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil ps clay loam
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate .3-.5
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2-6%
Site ~~Suitable~~ TS	Yes (✓)	No ( )	Depth to Water Table 4'+
			Rock or other impervious formations none obs.

Lot Area Existing

(✓) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines Ex. + 15' x 60' Bed

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓) Ex.

Public ( )

Installed by Little Hawkins

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: There is some question as to where left property is located. New bed was kept 5' off lot line based on where owner said property line was located.

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE Mar 1, 1990

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