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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 Ernest Friesen DATE 11/10/88 QUAD PERMIT NO. 20B

PHONE: Business _____ Home 664-7014

LOCATION 1100 TR McKendrie TR 2nd Lakeview TL RENWICK Ln. At end S. R. No. _____

SUBDIVISION NAME C Land T LOT NO. 231 SECTION OR BLOCK NO. 8

Davidson T. 2L-3-A-231

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 1.23

Character & Porosity of Soil clayey (existing)

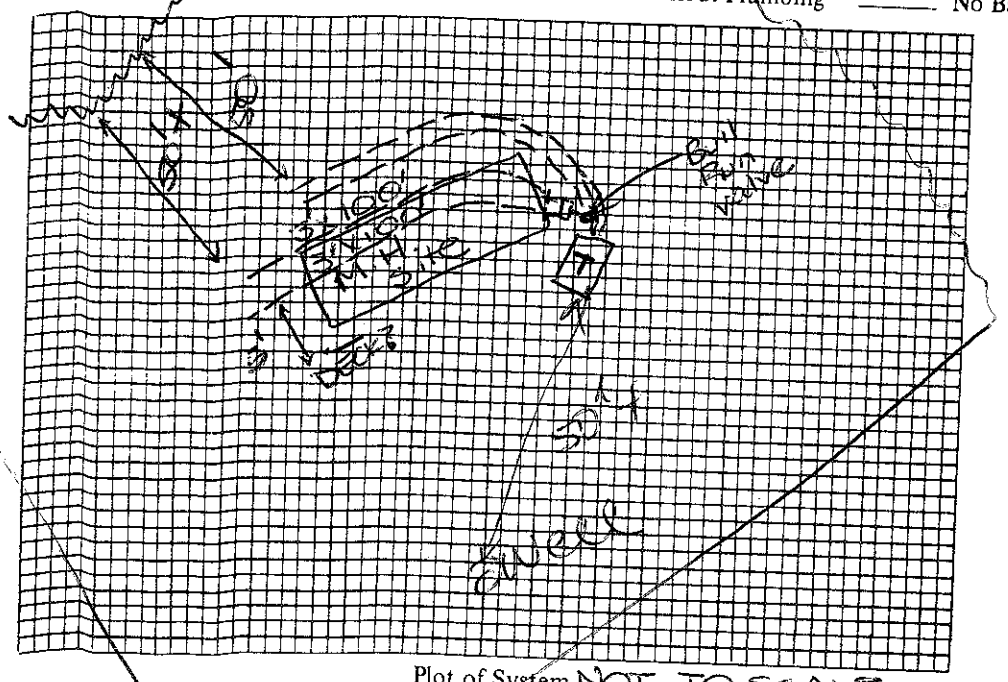
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System NOT TO SCALE

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by: _____

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

Signed: _____

for OWNER.

IMPROVEMENTS PERMIT BY Andre C. Prince

COMMENTS: Repair using a ball run valve to new system and repair a shallow as possible (30" - optimal depth) and keep line level.

CERTIFICATE OF COMPLETION BY _____

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