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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 Ruth Hurtt DATE Feb. 22, 1990 PERMIT NO. 2E-1-A-162

PHONE: Business _____ Home 945-9190

LOCATION 1100 TR Chuckwood TL Barber Loop 2nd lot on left

S. R. No. _____

SUBDIVISION NAME C L & T LOT NO. 163 SECTION OR BLOCK NO. _____

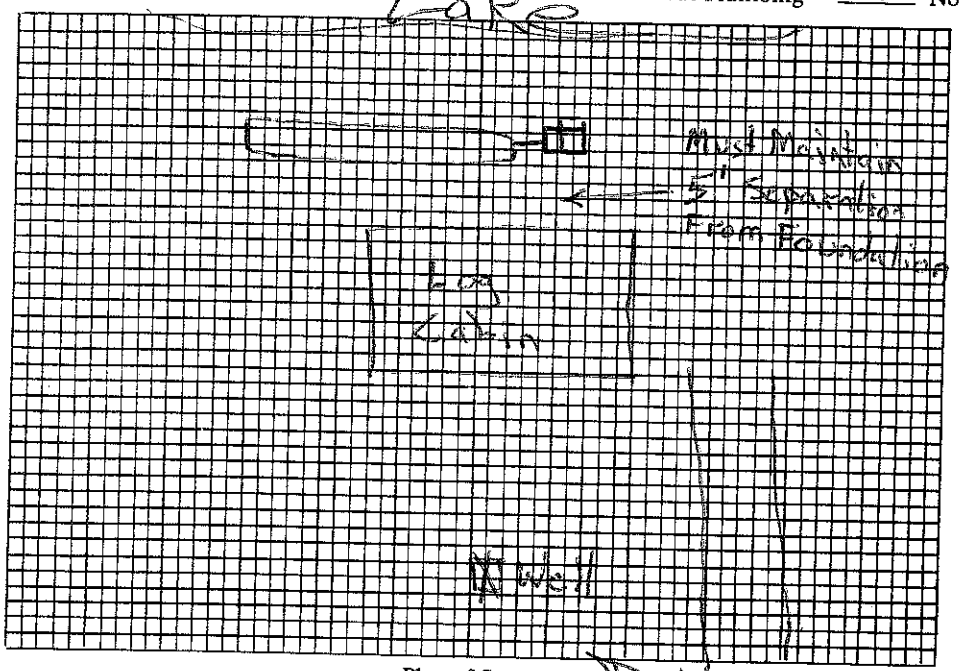
House (✓) Mobile Home ( ) Business ( ) Other Replacing 2 Bdr. M.H. with 2 Bdr. Log Cabin

No. Bedrooms 2 No. Bathrooms 1-2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil —
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate —
Auto. Wash. Machine	Yes (✓)	No ( )	Topography —
Site Suitable	Yes ( )	No ( )	Depth to Water Table —
			Rock or other impervious formations —

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System Barber Loop

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1 Existing

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual (✓)

Public ( )

Installed by _____

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

Signed _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: System appears to be functioning at time of inspection due only to no effluent noted on surface of ground

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Sam Ingram EHS DATE Feb 22, 1990

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