**IREDELL COUNTY HEALTH DEPARTMENT** 4626516770

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Steve Cotton DATE 2-18-83 PERMIT NO. 46

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 TR 1279 ~100' on R past guardhouse on 1280 S. R. No. _____

SUBDIVISION NAME Holiday Harbor LOT NO. 6 SECTION OR BLOCK NO. _____

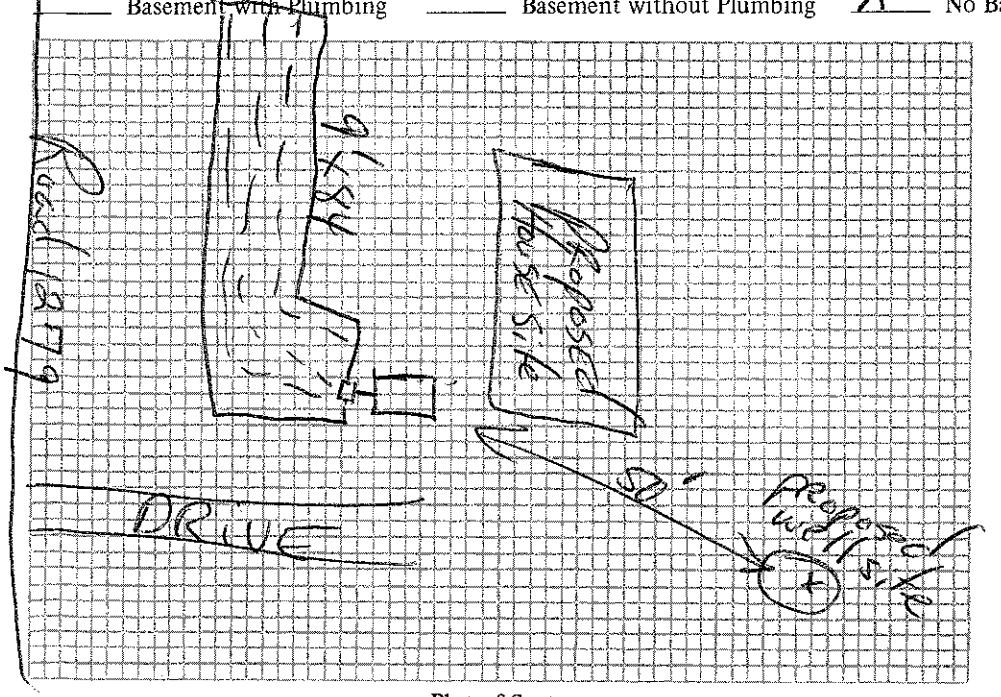
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area ~19,300 ft²

Character & Porosity of Soil Clay loam
Percolation Rate Adequate ft²/day
Topography 2-40%
Depth to Water Table 47
Rock or other impervious formations none observed

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement




Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16"
Water Supply: Individual (X)
Public ( )

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

Signed: _____

IMPROVEMENTS PERMIT BY D R Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 2-18-83

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

IREDELL COUNTY HEALTH DEPARTMENT

05077

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Steven D Cotton DATE 07-21-86 PERMIT NO. 413

PHONE: Business _____ Home _____

LOCATION Brawley School Rd off 1109, T.R. on Chuckwood, T R Seagrove, 1st house on right S. R. No. _____

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

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

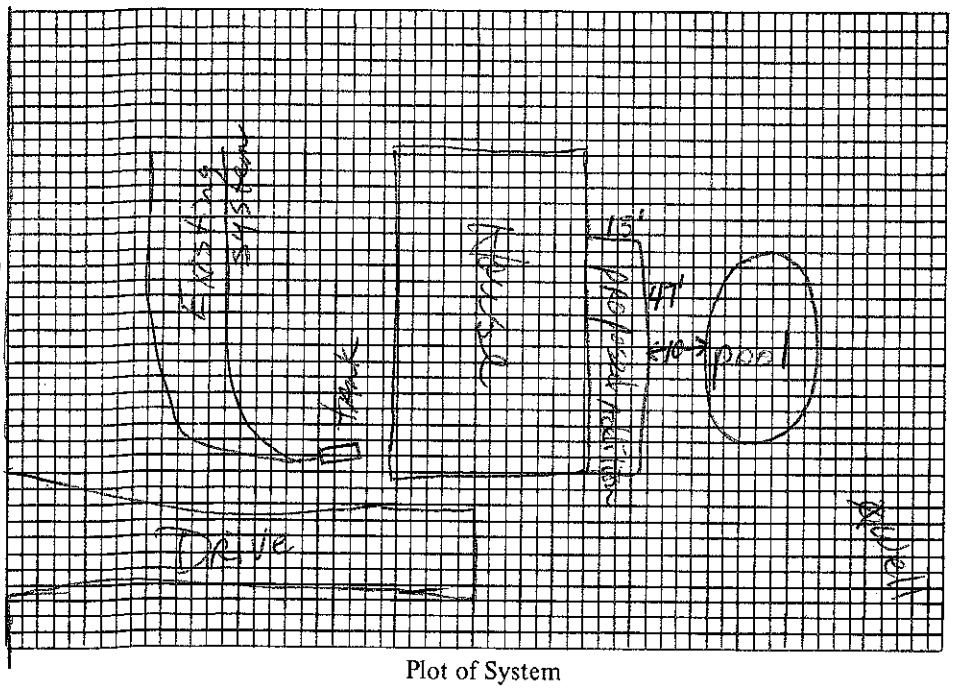
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area Ample

Character & Porosity of Soil _____
Percolation Rate _____
Topography Existing System
Depth to Water Table _____
Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank _____ Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. System
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 approved for addition of sunroom (Florida room) and swimming pool

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Terry L. Spence DATE 07-21-86

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold