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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 Jim Richardson DATE 11-5-86 PERMIT NO. 590

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 TR Seagrove (1279) TR 1280 (Lakeland) Rt on Riviera 3rd lot on Rt S. R. No. _____

SUBDIVISION NAME Holiday Harbor LOT NO. 22 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2½

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

Character & Porosity of Soil clay

Percolation Rate 14

Topography 6-8%

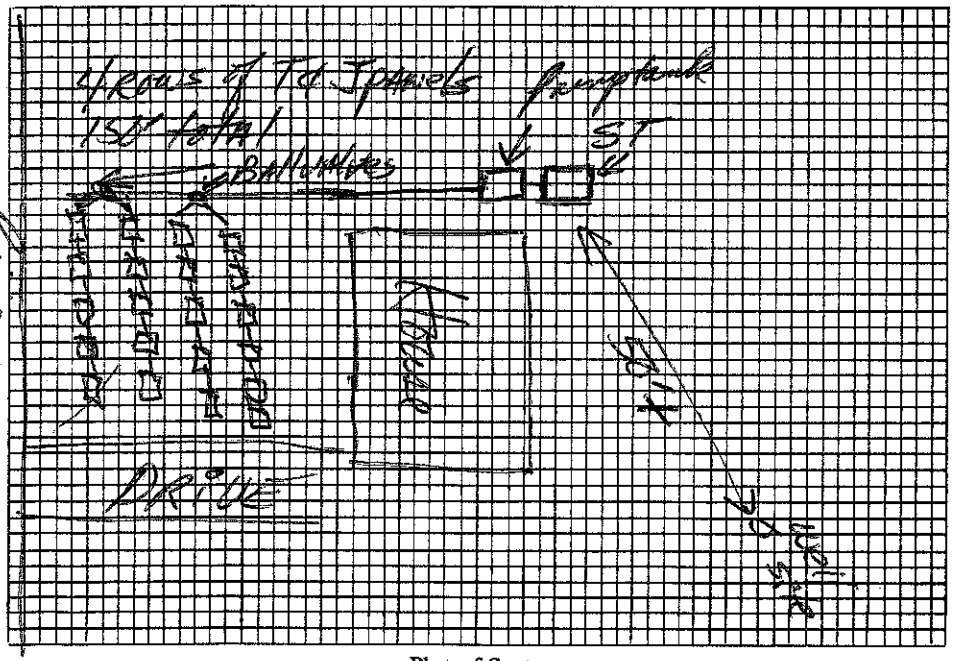
Depth to Water Table 44

Rock or other impervious formations none obs.

Lot Area 1 Ac

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

1000 gal pump tank



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 150'

Depth of Stone in Lines T&J pipes

Water Supply: Individual (✓)

Public ( )

Installed by Dalton

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

Signed: _____

IMPROVEMENTS PERMIT BY KRS

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Lewis, RS. DATE 11-5-86

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