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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 Charles Raden DATE 11-17-86 PERMIT NO. 603

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1455 (Lakeviews) ½-¾ mi on Rt

SUBDIVISION NAME L.N. S. R. No. _____

LOT NO. 161 SECTION OR BLOCK NO. 8

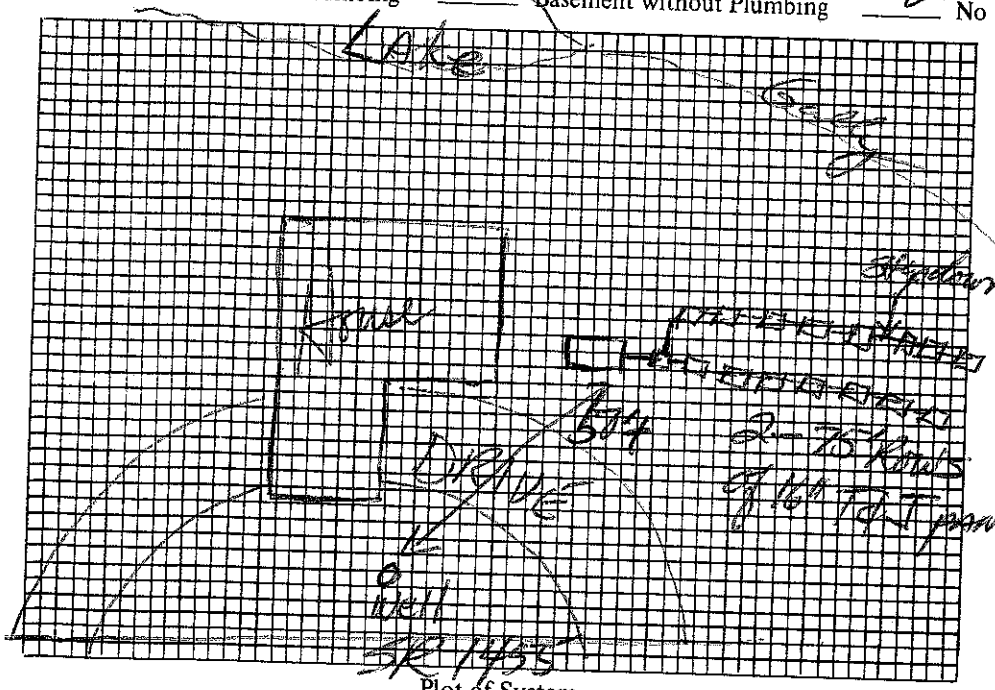
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3½

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

Lot Area 2½ Ac

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 150
Depth of Stone in Lines 14 Trenches

Water Supply: Individual (✓)
Public ( )

Installed by Johnson

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

Signed: _____

IMPROVEMENTS PERMIT BY JC Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____, R.S. DATE 11-17-86

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