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4:15

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 Craig A. Shore DATE 9-8-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W. TL. PARADISE PENINSULA. BEAR R at FORK. ~ 1/4 mi on R. S. R. No. _____

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

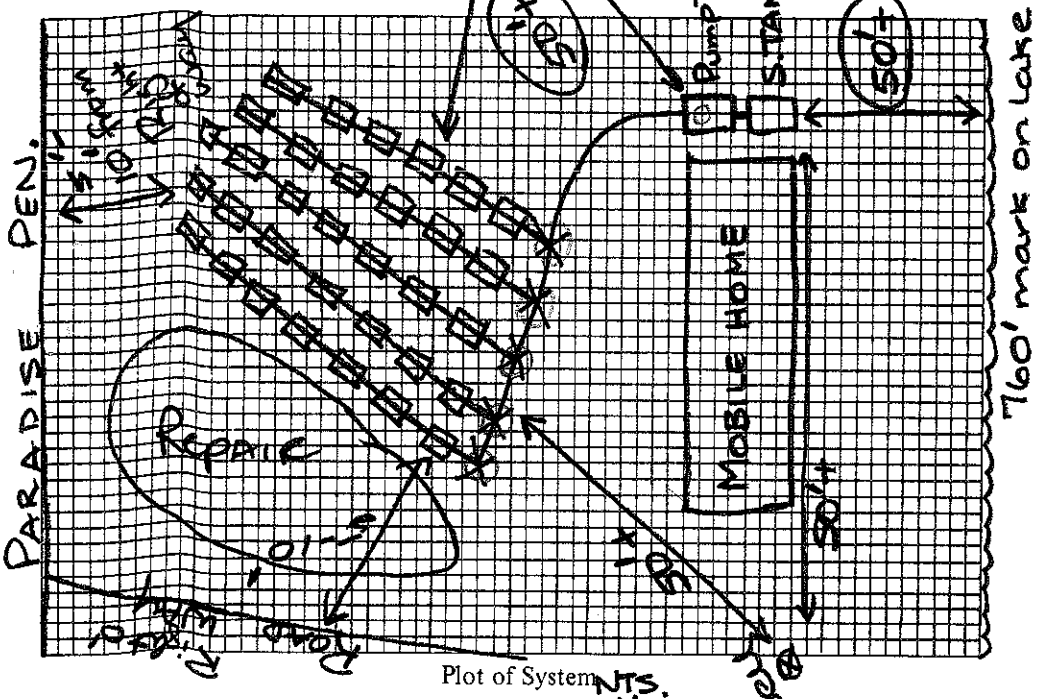
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clayey	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	~.40 gpd/ft²	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	10-12%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+	
			Rock or other impervious formations	none observed	

Lot Area .710 ACRES

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines (5)

Sq. Ft. _____ Linear Ft. 200' of

Depth of Stone in Lines pressure dosed

Water Supply: (Individual) ~~Public~~ DEJ panels.

Installed by _____

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

Signed: X Craig A. Shore

IMPROVEMENTS PERMIT BY Andrew C. Price

COMMENTS: Pump tank same size as Septic Tank. Pump up to a pressure dosed panel system with lines run along contour. May install into 4 ditches if space can be saved. Call Health Dept. for specs. RESERVE AS MUCH ROOM AS POSSIBLE FOR REPAIR

CERTIFICATE OF COMPLETION BY _____ DATE _____

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