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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 Ray Wheeling DATE 6-11-85 PERMIT NO. 261

PHONE: Business _____ Home _____

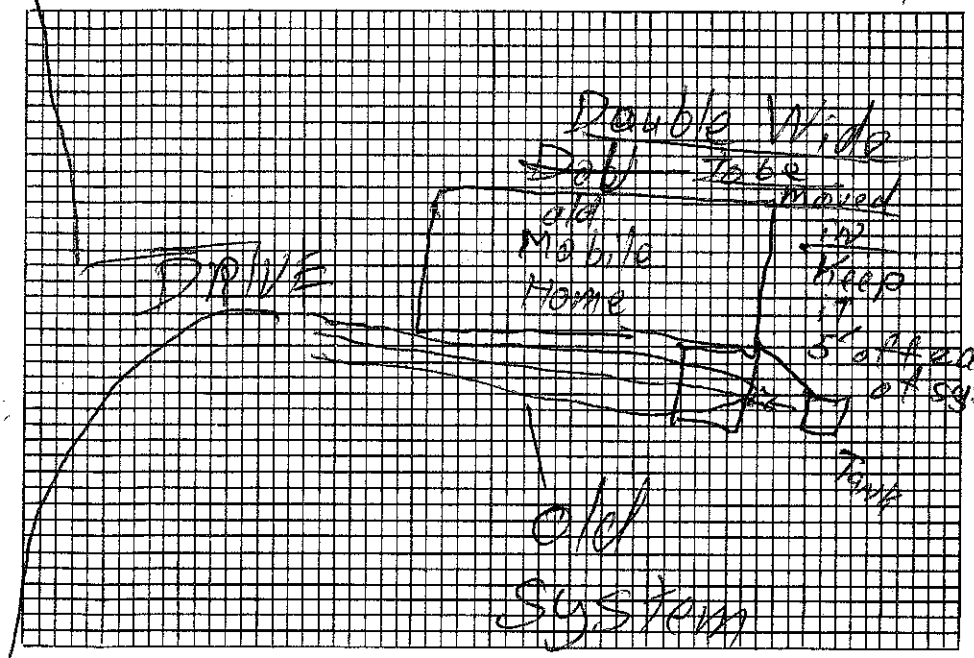
LOCATION 150 W TL on Paradise Penn. Rd go past Greenbag turn off 4th drive on your Right S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 209 SECTION OR BLOCK NO. 10

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

No. Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil Sandy
Garbage Disposal Unit Yes ( ) No ( ) Percolation Rate _____
Auto. Dishwasher Yes ( ) No ( ) Topography _____
Auto. Wash. Machine Yes ( ) No ( ) Depth to Water Table _____
Site Suitable Yes ( ) No ( ) Rock or other impervious formations _____
Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank E Gals.
Nitrification Field: 1,000
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines 1 ING
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing working OK at date of inspection; when new system is add. double wide is move in keep system trailer Road (minimum 5 feet edge of old system (in mark off)

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles K. Barnett DATE 6-11-85

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