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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 Anthony Abbott DATE 6/27/90 PERMIT NO. RL-4-A-66

PHONE: Business _____ Home _____

LOCATION Beaten Path TL onto Beaten Path (2nd left) .1 mi on right Just past rock outcropping S. R. No. _____

SUBDIVISION NAME Cedar sided house LOT NO. 66 SECTION OR BLOCK NO. 9

CL+T

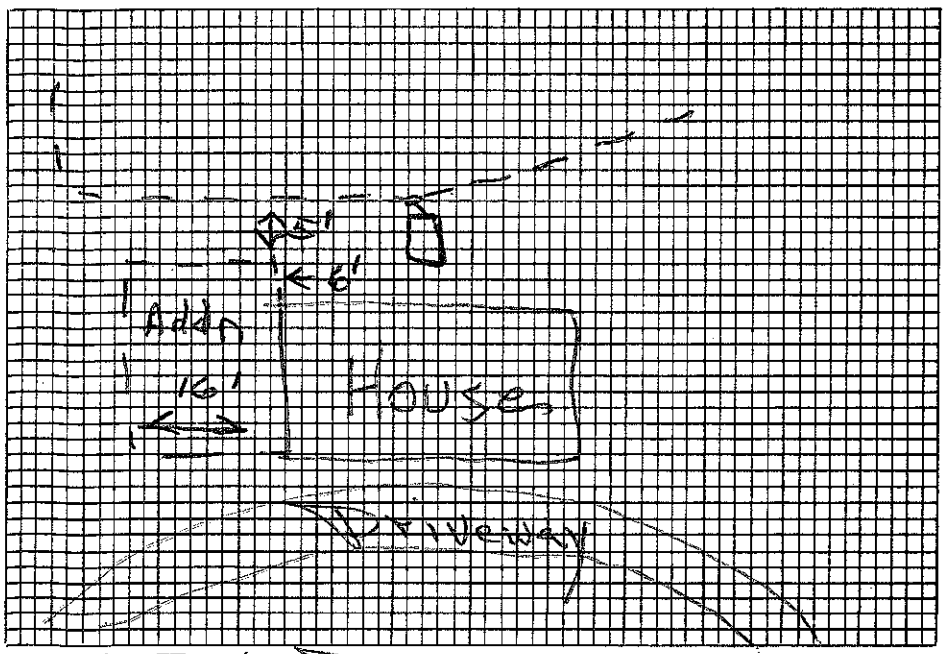
House (✓) Mobile Home ( ) Business ( ) Other _____ NOT Changing Changing Bdr to study Adding another Bdr.

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes	( )	No	(✓)	Character & Porosity of Soil
Auto. Dishwasher	Yes	( )	No	(✓)	Percolation Rate
Auto. Wash. Machine	Yes	(✓)	No	( )	Topography
Site Suitable	Yes	( )	No	( )	Depth to Water Table
					Rock or other impervious formations

Lot Area _____

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Beaten Path Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

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: Existing system appears to be functioning properly. due only to no effluent noted on surface of ground. New addition will be >5' off system

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Sam Ingram EHS DATE 6/27/90

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