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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 Howard C. Cashwell DATE Jan. 25, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 (Langtree Rd.) at end TR Schooner Drive 2nd lot on left S. R. No. _____

SUBDIVISION NAME Sailor's Lair LOT NO. 44 SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area ≈20000 ft²

Character & Porosity of Soil clay

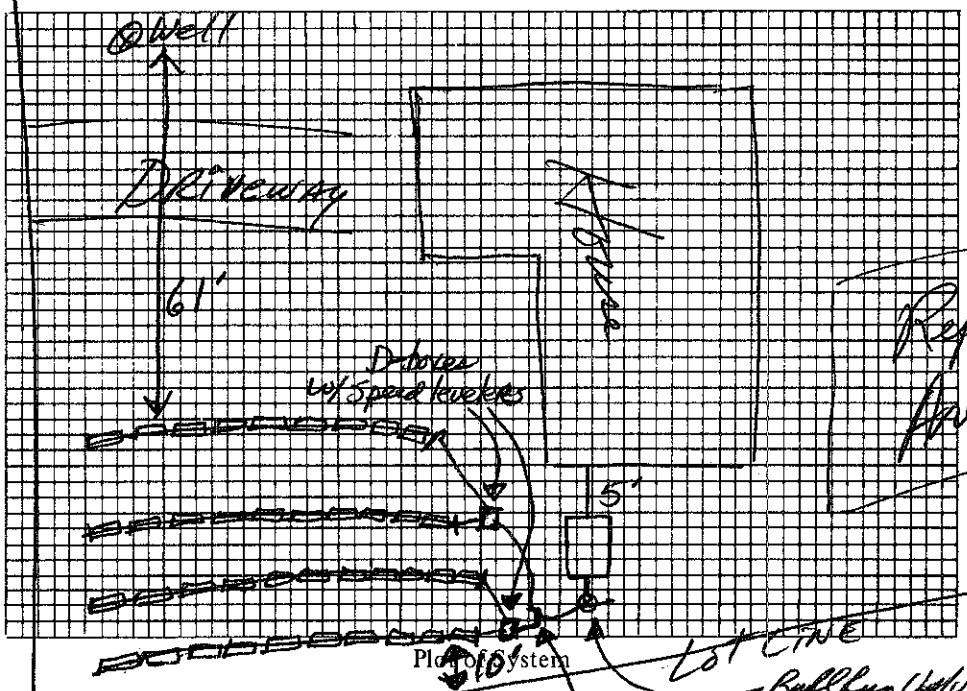
Percolation Rate ≈60.3

Topography 2 & 4

Depth to Water Table 4'+

Rock or other impervious formations none kn.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. ~~267'~~ 267'

Depth of Stone in Lines 16" ~~12"~~

Water Supply: Individual (✓) panels

Public ( ) G-F

Installed by Dobson

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

Signed: _____

IMPROVEMENTS ~~PERMIT~~ BY DH4

COMMENTS: Bull Run Valve set for future repair.

CERTIFICATE OF COMPLETION BY O. R. Jamison, R.S. DATE 1-25-89

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