463527 #6915

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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 Mrs. James Co Coffey DATE April 24 89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TL 1113 (Club of Pines) TR Ski Haven go straight where street curves left S. R. No. _____

SUBDIVISION NAME Sanfords Estates LOT NO. 21 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Replacing Deck

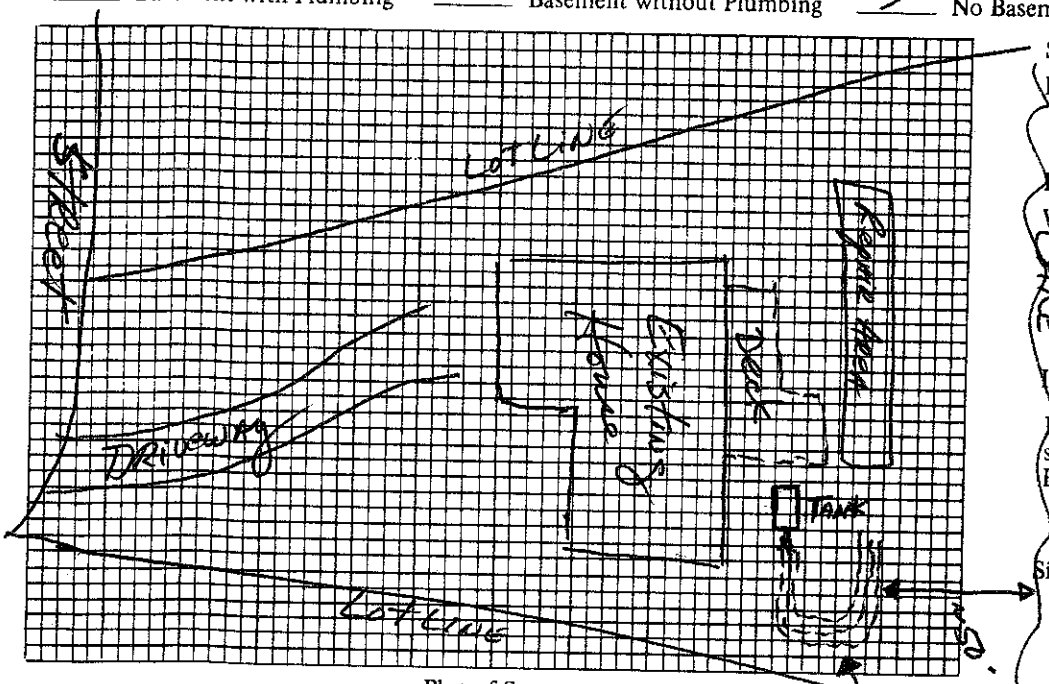
No. Bedrooms _____ No. Bathrooms _____

| | | | |
|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No ( ) | |
| Auto. Dishwasher | Yes ( ) | No ( ) | |
| Auto. Wash. Machine | Yes ( ) | No ( ) | |
| Site Suitable | Yes ( ) | No ( ) | |

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ___/___ No Basement




Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines Existing
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: _____

Existing sewage system

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system showing no signs of malfunction at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Mike R. Hanson, RS DATE 4-24-89

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