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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 Southern Supply Inc. DATE May 22, 1990 PERMIT NO. 26-2-A, 13

PHONE: Business _____ Home _____

LOCATION 1113 TR Harborview Place At Lakeside Dr.

S. R. No. _____

SUBDIVISION NAME Surfside Estates LOT NO. 13 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Existing No Bedrooms Being Added Changes Being Made Only To Inside of Structure

No. Bedrooms 2 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 _____

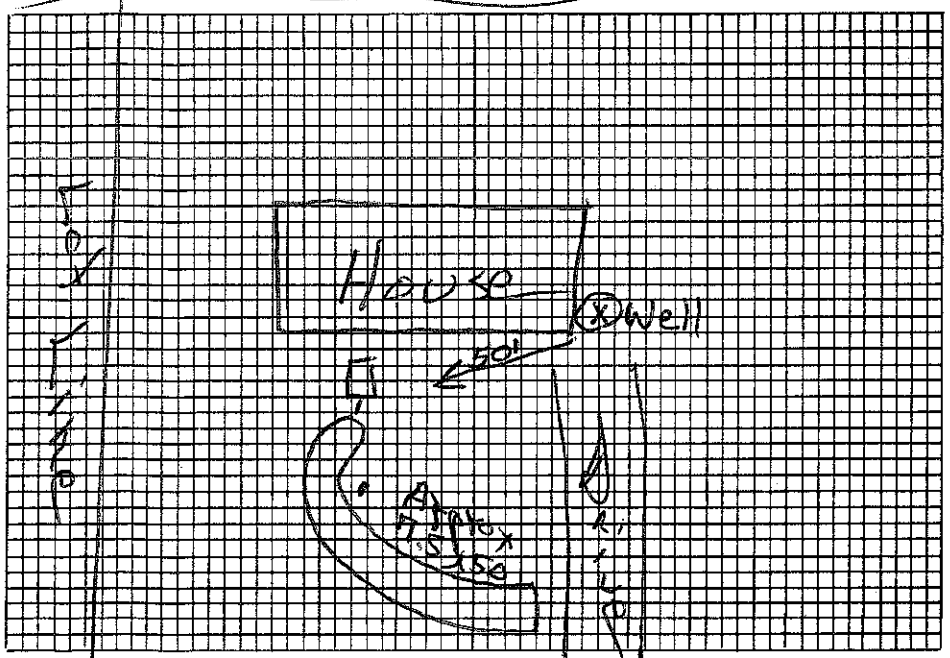
Depth to Water Table _____

Rock or other impervious formations _____

Lot Area _____

Lake

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



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 at time of inspection due only to no effluent noted on the surface of the ground.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Sam Ingram EHS DATE May 22, 1990

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