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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 Harrington DATE Dec 15, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TL 1162 at end Bear Rt. on Shoreline Loop 18th house on left S. R. No. _____

SUBDIVISION NAME Imperial Point LOT NO. 11 SECTION OR BLOCK NO. _____

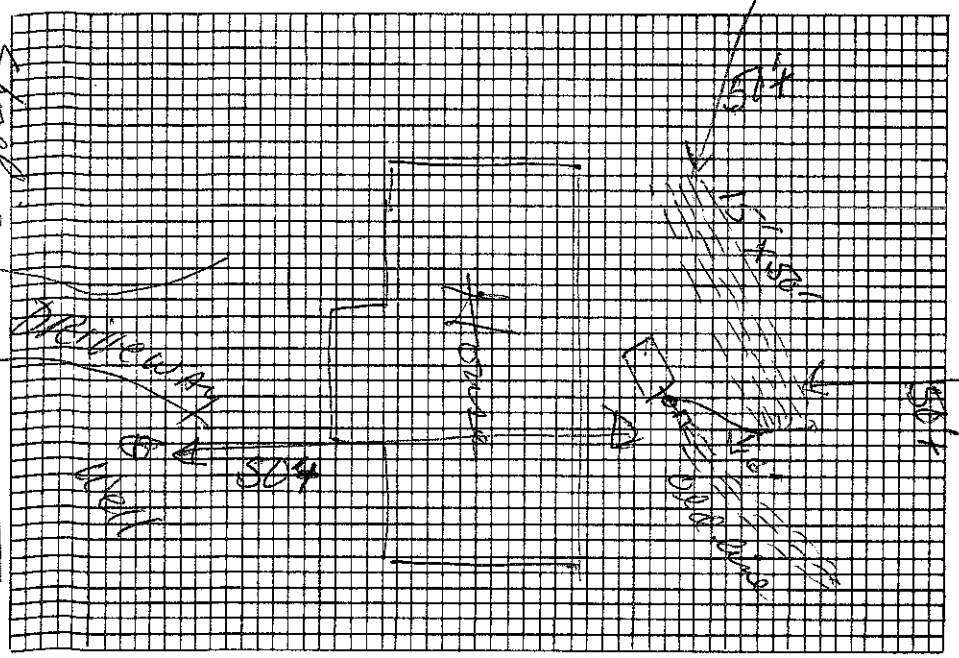
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 4 No. Bathrooms 4

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 Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 15 x 50' Bed

Sq. Ft. 750 Linear Ft. 250

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by J C's Backhoe

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D R Hinson, RS DATE 12-15-88

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