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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 Phil W. Ball DATE 12-4-84 PERMIT NO. 434

PHONE: Business _____ Home _____

LOCATION 1100 TR 46'8 TL 1443 About 3/4 mile R Whites Ford at end ON R S. R. No. _____

SUBDIVISION NAME LAKE NORMAN LOT NO. 522 SECTION OR BLOCK NO. 9

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	
Auto. Dishwasher	Yes (X)	No ( )	
Auto. Wash. Machine	Yes (X)	No ( )	
Soil Suitable	Yes (X)	No ( )	

Area 20,000 FT²

Character & Porosity of Soil Clay loam
Percolation Rate 0.5 - 60 MPI / 1" / day
Topography Gently
Depth to Water Table 4'
Rock or other impervious formations NONE obs.

1000 gal Pumped

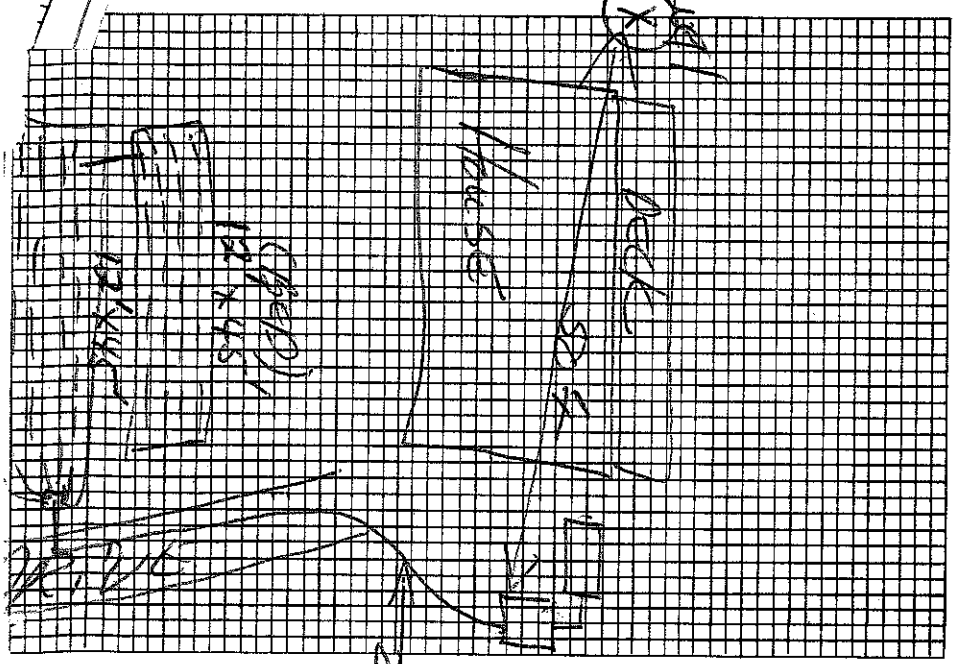
( ) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"
Water Supply: Individual (X) Lake
Public ( )

Installed by T. J. Erwin

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

Signed: _____



IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 12-4-84

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