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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 Peter Hagberg DATE 4-24-87 PERMIT NO.

PHONE: Business Home

LOCATION 1100 TR1178 (Blume) TC1443 TR1239 (Culpepper) ~ ⅛ mile on left S. R. No.

SUBDIVISION NAME LAKE LAN LOT NO. 131 SECTION OR BLOCK NO. 9

House (✓) Mobile Home ( ) Business ( ) Other Addition of a bathroom enlarging ex. Bedroom w/ Addition

No. Bedrooms 2-3 No. Bathrooms 2

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

Character & Porosity of Soil

Percolation Rate

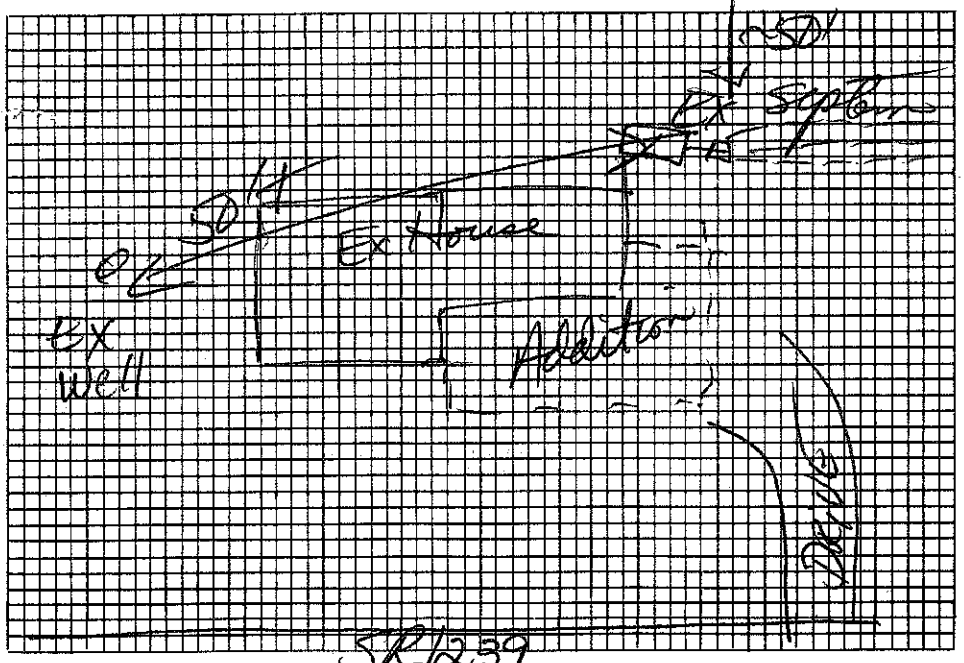
Topography

Depth to Water Table

Rock or other impervious formations LAKE

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:

IMPROVEMENTS PERMIT BY

COMMENTS Existing system OK at time of inspection.

CERTIFICATE OF COMPLETION BY DATE

EXISTING SYSTEM CHECKED BY: M. Hanson RS DATE 4-24-87

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