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IREDELL COUNTY HEALTH DEPARTMENT

10433 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR H. M. Faggart DATE Mar 6, '91 PERMIT NO. 25-3-A-12

PHONE: Business _____ Home _____

LOCATION 1303 N (Beatty Rd.) x Lake TR Sagamore at end on Right

S. R. No. _____

SUBDIVISION NAME Crescent Resources (CCR) LAKE NORMAN LOT NO. 12 SECTION OR BLOCK NO. 14

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

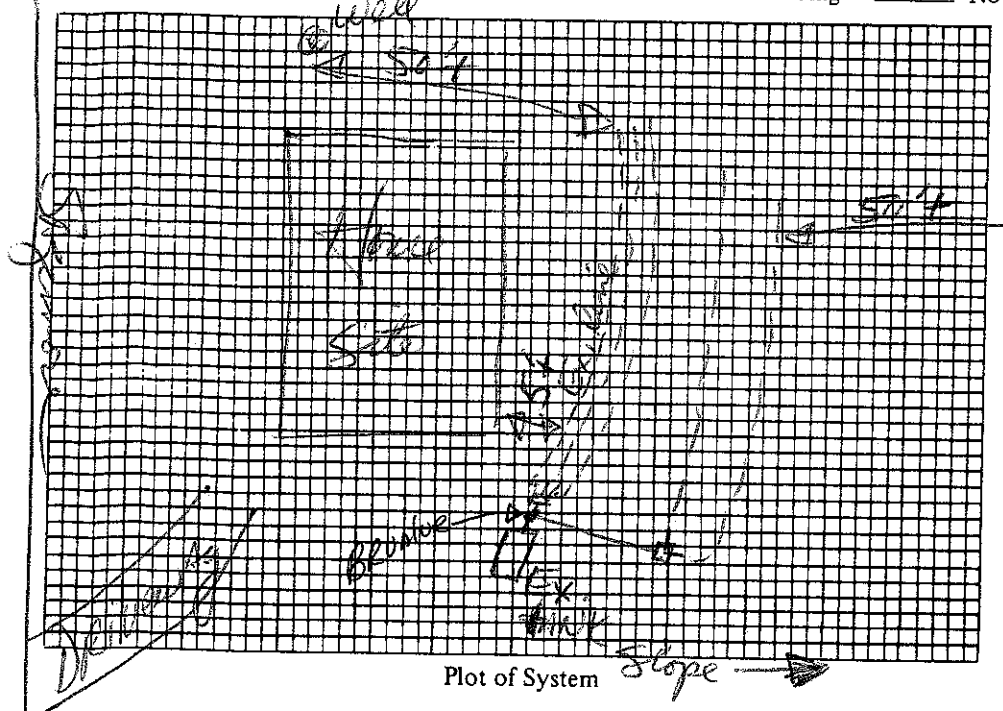
No. Bedrooms 3 No. Bathrooms 2½

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

Character & Porosity of Soil clay/silty clay loam
Percolation Rate 3-4
Topography 10-15%
Depth to Water Table 4+
Rock or other impervious formations none obs.

Lot Area Existing

___ Basement with Plumbing ___ Basement without Plumbing ___ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2 + Ex. line
Sq. Ft. 450 Linear Ft. 160
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

LAKE

Installed by Larry Bean

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

Signed: _____

IMPROVEMENTS PERMIT BY A. C. R.

COMMENTS: Basement floor level to be above level of existing system

CERTIFICATE OF COMPLETION BY Jerry K. Hinson, EHS DATE Mar 6, '91

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