~~R.~~ ~~S.~~ ~~H~~
08012

R01 S. Havelock Rd.
Suite 320
W.S. 27103

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 Herbert S. Soper DATE March 4, 88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1303 N. TL 1300 (Fern Hill) TR 1449 (Riverbend)
TR 2nd dirt road at end on left S. R. No. _____

SUBDIVISION NAME C&T LAKE NORMAN LOT NO. 183 SECTION OR BLOCK NO. 15

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

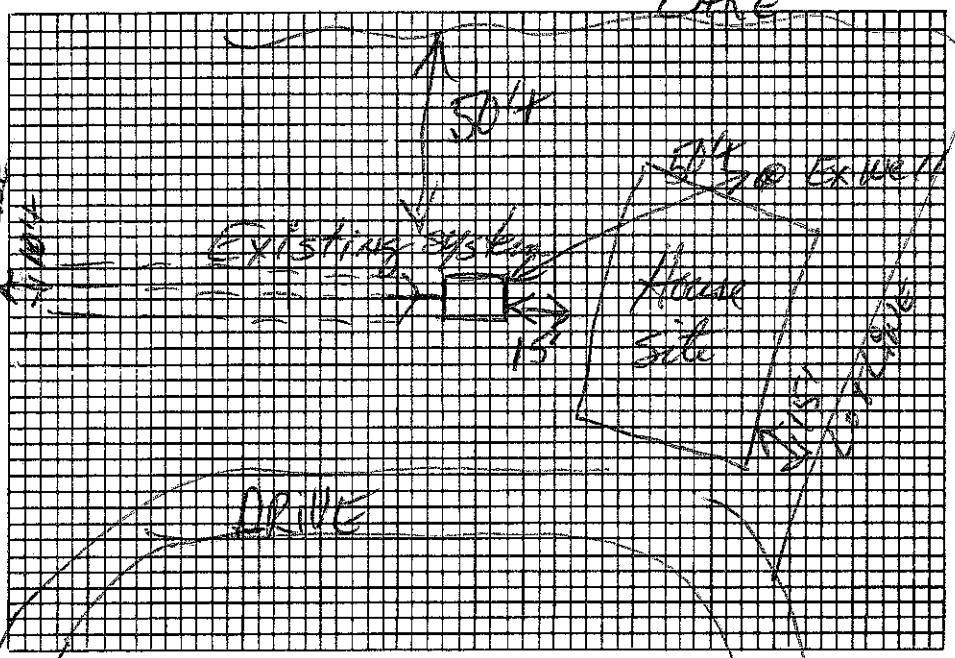
No. Bedrooms 3 No. Bathrooms 2-3

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 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 J C Moore

COMMENTS: Existing system OK at time of inspection

CERTIFICATE OF COMPLETION BY J C Moore DATE 7-9-76

EXISTING SYSTEM CHECKED BY: D R Hanson, RS DATE 3-4-88

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