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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 Cecil Nash DATE 5-20-84 PERMIT NO. 284

PHONE: Business _____ Home _____

LOCATION 150 W TR Perth Rd TR at Bell Cross Rd TR at Bullfinch TR & Marietta Rd 1st trailer on left S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 22 SECTION OR BLOCK NO. 16

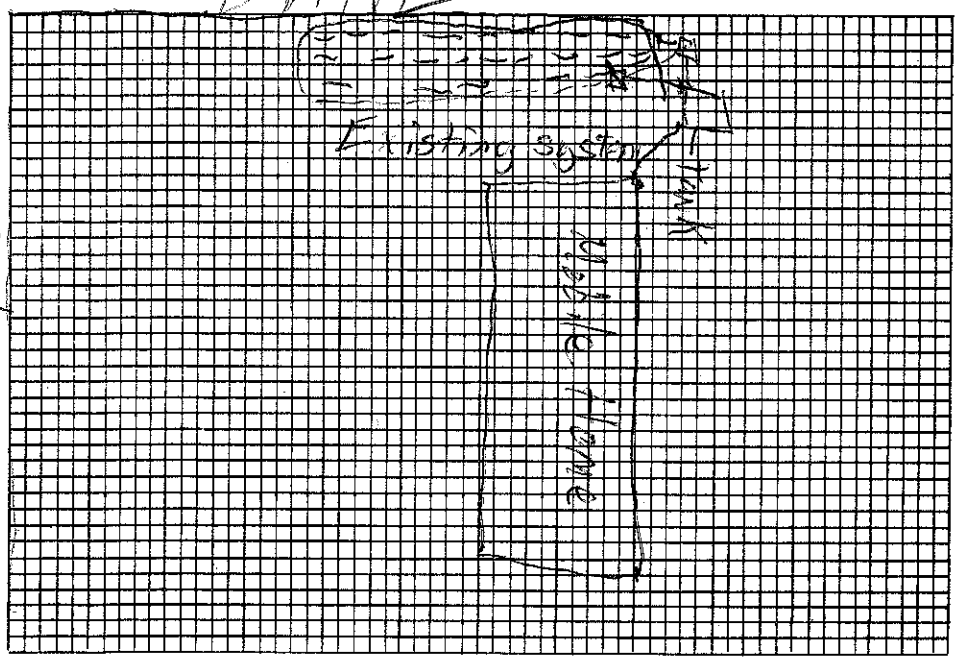
House ( ) Mobile Home (X) Business ( ) Other Existing

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil
Auto. Dishwasher	Yes ( )	No (X)	Percolation Rate
Auto. Wash. Machine	Yes ( )	No (X)	Topography
Site Suitable	Yes (X)	No ( )	Depth to Water Table
			Rock or other impervious formations

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank _____ Gals.
Nitrification Field: Existing
No. of Lines _____
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 working OK at date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles K. Bennett DATE 5-20-84

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