4646-08-7437

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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 Linda Drye DATE Aug 10, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1179 (Cannonsville) TL Regency Lake Go to end TR 1500' on Rt. S. R. No. _____

SUBDIVISION NAME Regency Lake LOT NO. 8 SECTION OR BLOCK NO. B

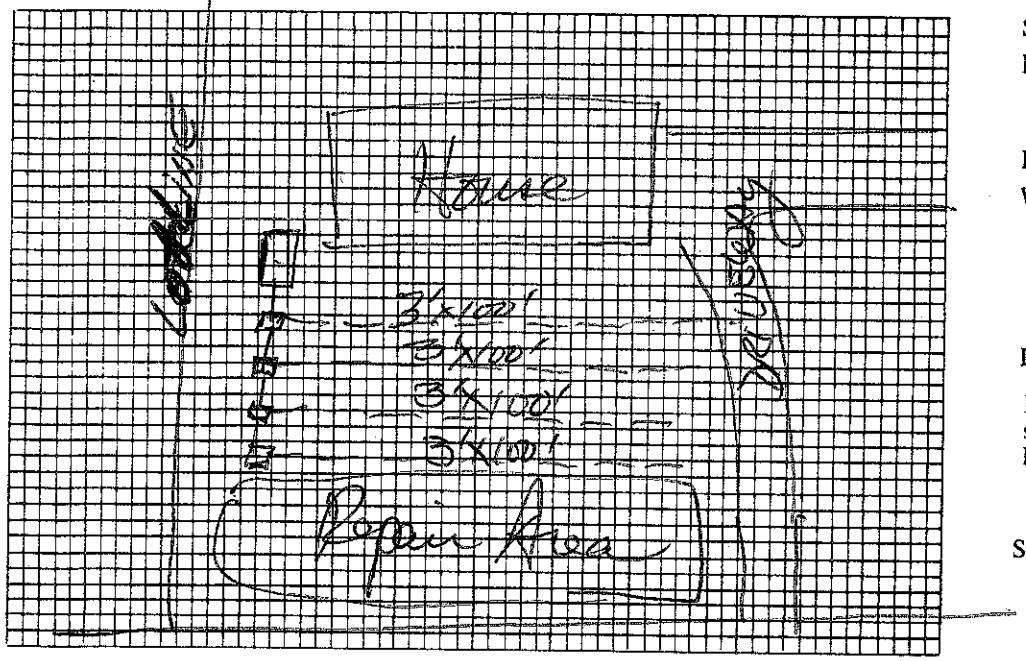
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay loam.
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	1x3
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4+
			Rock or other impervious formations	none obs.

Lot Area 120000 ft²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 120 Linear Ft. 400
Depth of Stone in Lines 24

Water Supply: Individual ( )
Public (✓) CW

Installed by June Sanford

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY DRHanson RS DATE 8/10/88

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