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IREDELL COUNTY HEALTH DEPARTMENT 4685506804 1

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

OWNER OR CONTRACTOR Donna Crabtree DATE May 3, 1990 PERMIT NO. 24-19-A+19

PHONE: Business _____ Home _____

LOCATION 1155 TL Hobbs Lane (across from Langtree) ~300' on right S. R. No. _____

SUBDIVISION NAME Torrence Terrace Estates LOT NO. 1 SECTION OR BLOCK NO. _____

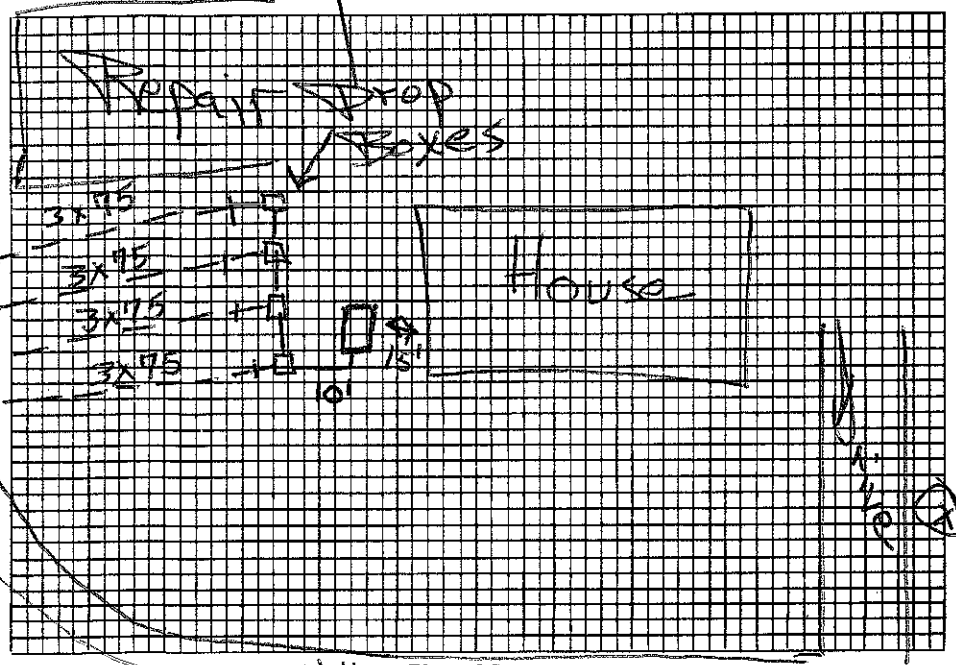
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	PS clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	No 4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	~ 6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4' +
			Rock or other impervious formations	none obs

Lot Area _____

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by FT Ervin

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 Sam Ingram Const. DATE May 3, 1990

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