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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 Mark Hagemeyer DATE 7/3/89 ~~PERMIT NO.~~ 21B

PHONE: Business _____ Home _____

LOCATION 115 S. TL Market Rd ~~Rockwood~~ TL Almond ~ 1/8 mi. on R. (2nd house)

SUBDIVISION NAME 250 Almond Rd. LOT NO. _____ S. R. No. 1133

House (✓) Mobile Home ( ) Business ( ) Other _____ Caddle Creek: 1D-1-C-11

No. Bedrooms 2 No. Bathrooms 1

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

Character & Porosity of Soil existing system

Percolation Rate

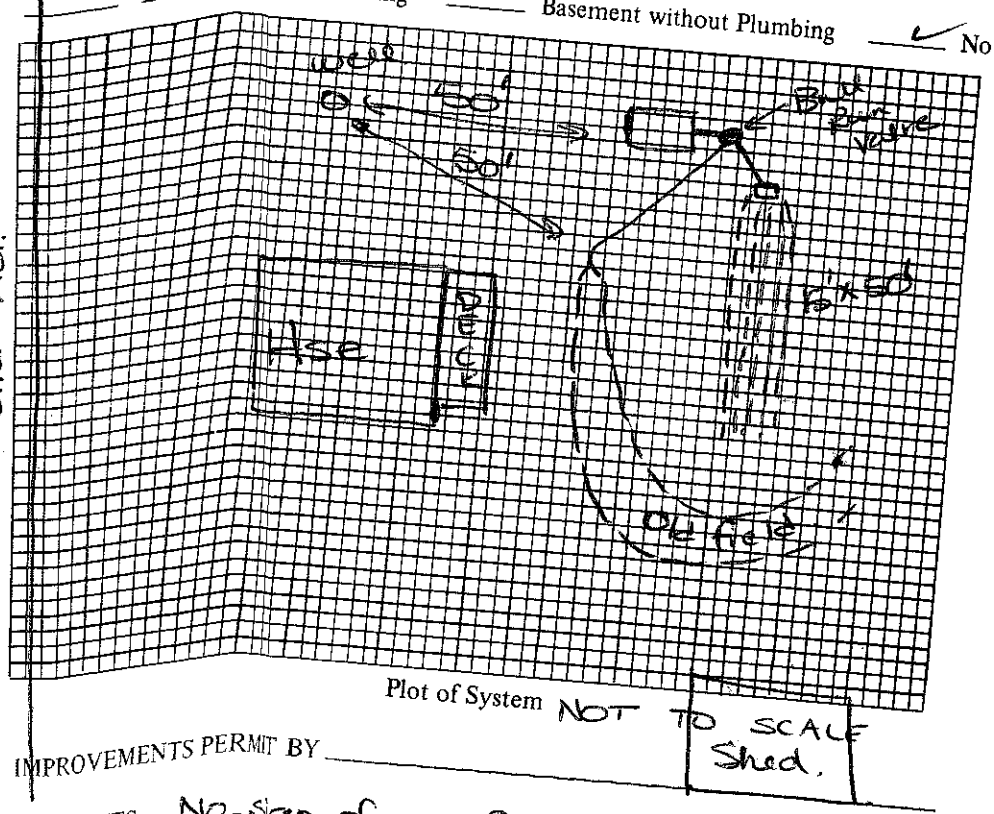
Topography

Depth to Water Table

Rock or other impervious formations

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System NOT TO SCALE

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 _____

COMMENTS: No sign of malfunction at the date of my inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andrea C. Quinn R.S. DATE 7/3/89

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