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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 Crystal Hardwick DATE June 24, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1125 S. TR before 1142 into Wildwood Acres at end on left. S. R. No. _____

SUBDIVISION NAME Wildwood Acres LOT NO. 13 SECTION OR BLOCK NO. _____

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

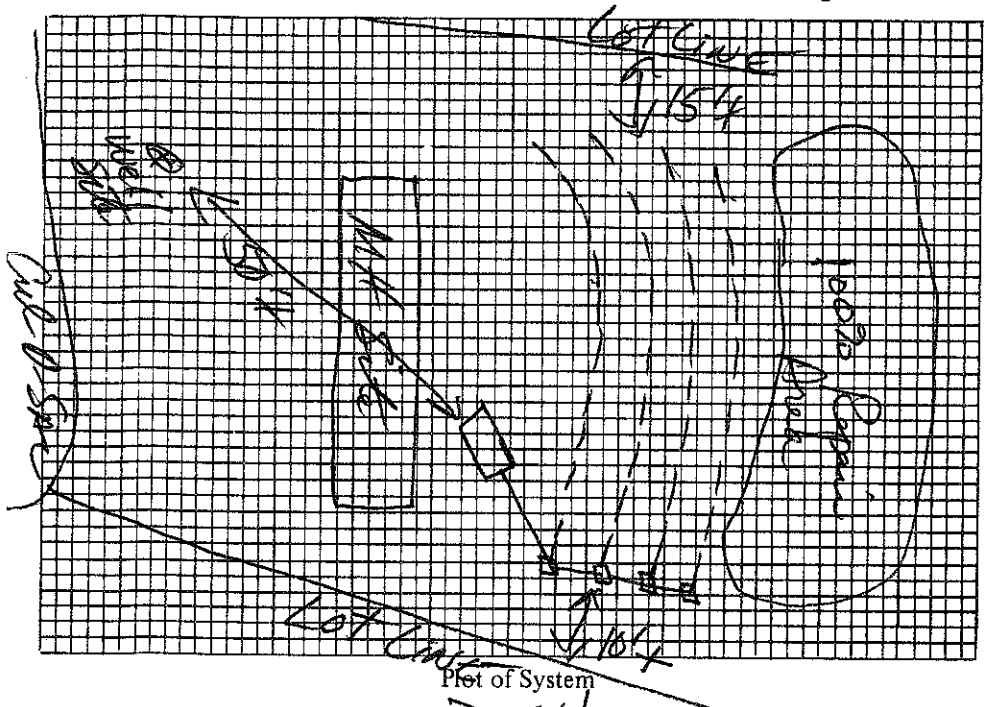
No. Bedrooms 2 No. Bathrooms 1

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

Lot Area ~20000 ft²

Character & Porosity of Soil clay
Percolation Rate .3
Topography 4-6%
Depth to Water Table 3'+
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 840 Linear Ft. 280
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Ray Beam

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 D R Hinson, RS DATE 6-24-88

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