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4675-30-2385

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 Carolyn Atwell DATE 8/21/90 PERMIT NO. IB-1-B-10

PHONE: Business _____ Home 933-8598

LOCATION Caddle Creek TR. Hunterwoods 1st lot on left

S. R. No. _____

SUBDIVISION NAME Hunterwoods LOT NO. 10 SECTION OR BLOCK NO. _____

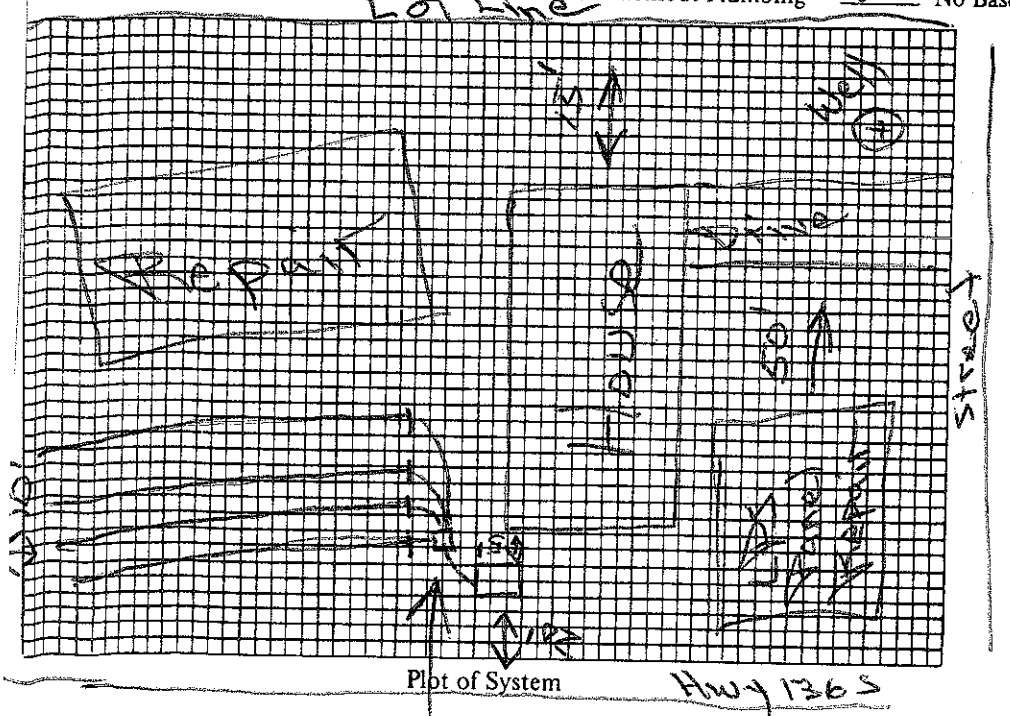
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	N. it @ 18"
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	1-3%
Site Suitable PS	Yes ( )	No ( )	Depth to Water Table	+ 3'
			Rock or other impervious formations	none obs.

Lot Area _____

_____ Basement with Plumbing Lot Line Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4@75'
Sq. Ft. 900 Linear Ft. 300'
Depth of Stone in Lines 12

Water Supply: Individual (✓)
Public ( )

Installed by Tim Smith

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Well not installed at time of final.

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE 8/21/90

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