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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 TRI-SOUTH CONST. DATE 1-15-92. PERMIT NO. 6E-17-A-64

PHONE: Business _____ Home _____

LOCATION Parker Ferry Rd. off Airport Rd. - go to 1st street on left - go around curve to 1st on left side on backside of dev. S. R. No. _____

SUBDIVISION NAME LAKEWOOD 4 STATES. LOT NO. 64. SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area Ample.

Character & Porosity of Soil Prev. Suitable.

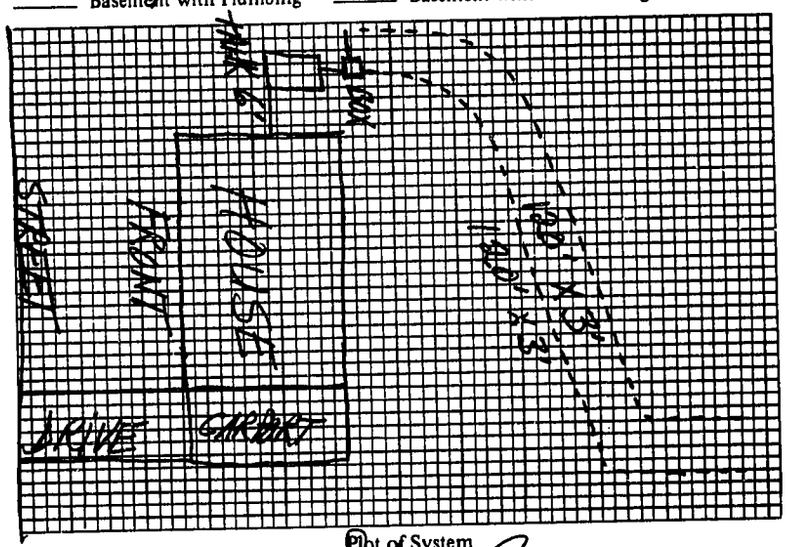
Percolation Rate Equal to 1 in. per

Topography 2-6% Slope

Depth to Water Table 10'+

Rock or other impervious formations None observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Arnie Duncan

Installed by Hope Bros.

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Braun

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Braun DATE 1-15-92.

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