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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 Nora Daniels DATE 5-15-89 PERMIT NO. 4-15

PHONE: Business _____ Home _____

LOCATION 21 S. To Cumberland Rd Just past Bluebird Rd on left.

SUBDIVISION NAME [redacted] S. R. No. _____

LOT NO. [redacted] SECTION OR BLOCK NO. _____

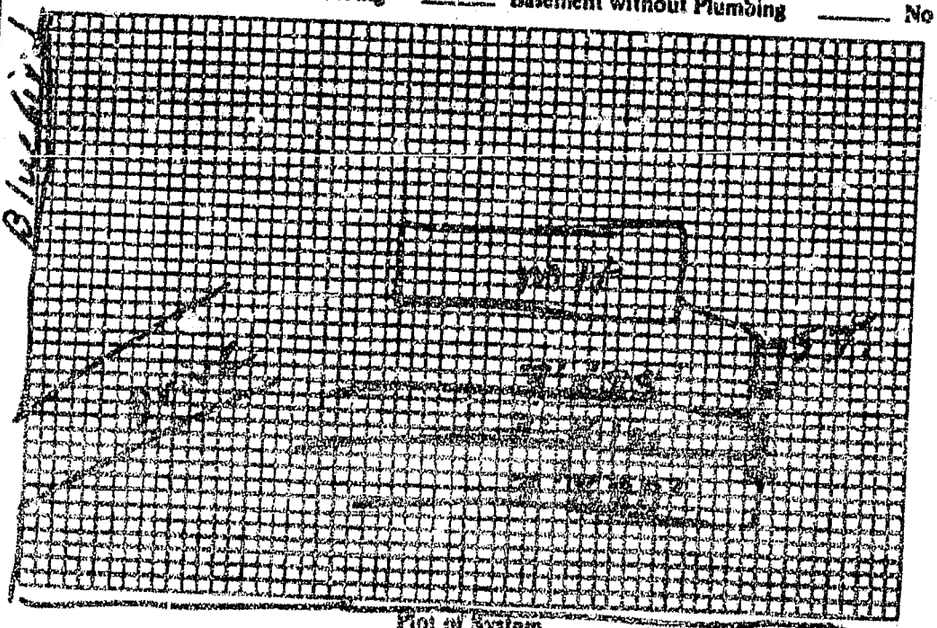
Chalet Est 1

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

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clayey & Saprolite
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	13
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Rolling
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10 ft
Lot Area 1 acre +			Rock or other impervious formations	None

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 300 Linear Ft. 266

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Well Next door

Installed by James Hutler

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

Signed: _____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 5-15-89

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