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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 CW Brewer DATE 10/9/91 PERMIT NO. 2L-9-A-3

PHONE: Business _____ Home 463-4669

LOCATION Springfield Subdivision, Beech Tree Rd. (1234) TR off 1100 on (R) at Springfield TR first road on (L) at culde sac S. R. No. _____

SUBDIVISION NAME Springfield LOT NO. 15 SECTION OR BLOCK NO. _____

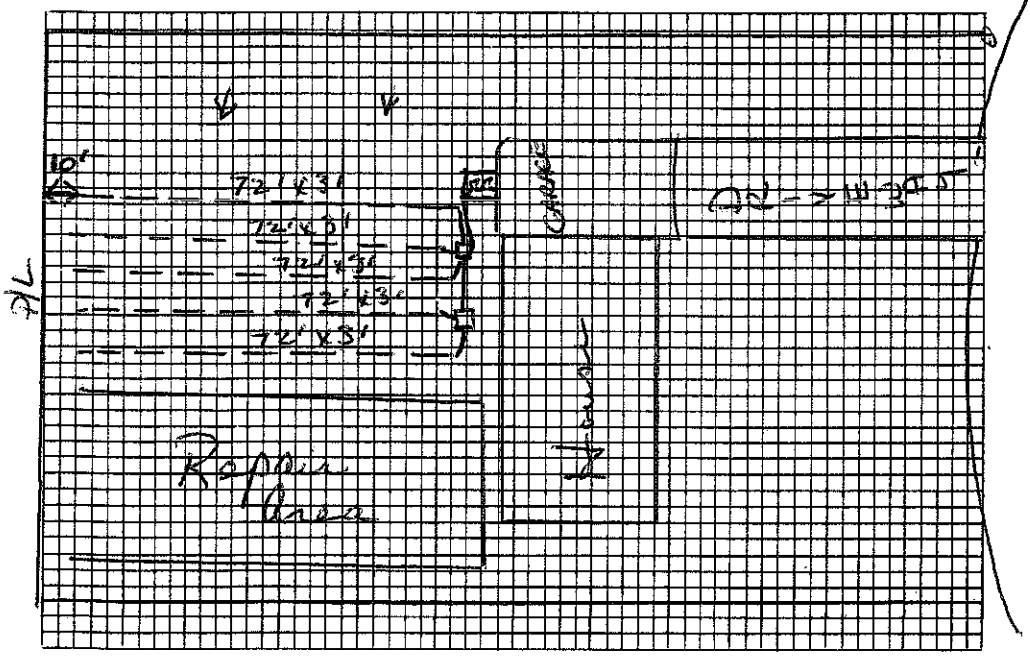
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	C - scl (V. firm)
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.35
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	> 48"
			Rock or other impervious formations	None observed

Lot Area 20,000 FT²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 5 @ 72' x 3"
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Cul D Sac

Installed by Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 10/9/91

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