IREDELL COUNTY HEALTH DEPARTMENT 4636-83 2101 NOV issued 3/15/11

12522 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Lynn Degenhart DATE 5/8/91 PERMIT NO. 26-20-A-6

PHONE: Business _____ Home 933-1003

LOCATION Spring Run Dr. to Lot # 6 on (L)

S. R. No. P0032

SUBDIVISION NAME Leaf-Trent LOT NO. 6 SECTION OR BLOCK NO. _____

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

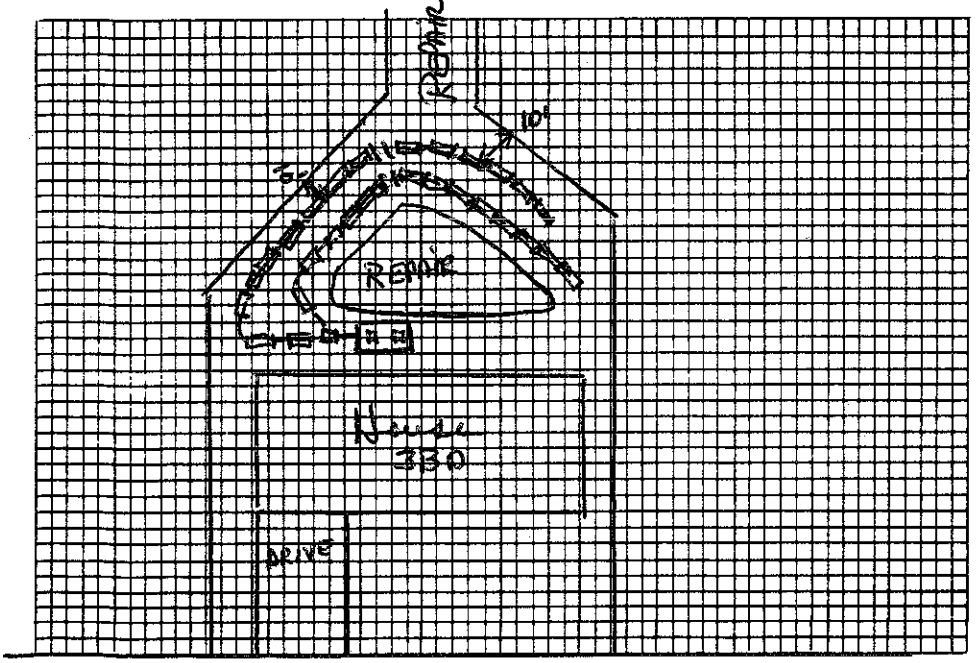
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil: Clay/fine - not sticky
Percolation Rate: .3
Topography: 2-7%
Depth to Water Table: > 48"
Rock or other impervious formations: None found

Lot Area 20,000 FT²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System
SPRINGRUN DR.

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2@100'
Sq. Ft. 1200 Linear Ft. 200
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public (✓)
.5 space reduction for use of 16" PPBS
Installed by Barry Lejeune

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Step downs used. Very tight for space. Tail of lot to be used for repair area.

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 5/8/91

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