4636-83-4058

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 Robert J. Edelin DATE 4/18/89 ~~PERMIT NO.~~

PHONE: Business _____ Home _____

LOCATION 1100 TL 1179 (Canvasback) TR Spring Run Drive 100' on left S. R. No. _____

SUBDIVISION NAME Leaf - Trent LOT NO. 2 SECTION OR BLOCK NO. _____

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

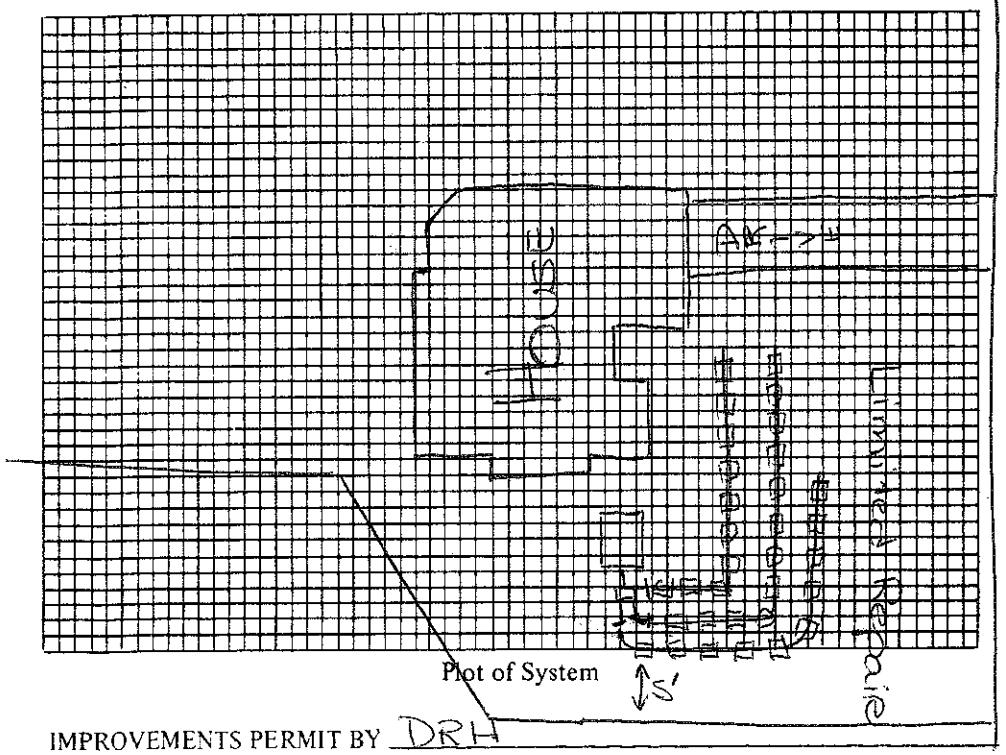
No. Bedrooms 3 No. Bathrooms 2½

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

Character & Porosity of Soil Clay
Percolation Rate .3-.4 gpd/ft²
Topography 2%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area 20000ft²

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 200' of
Depth of Stone in Lines 16" T and J
Water Supply: Individual ( ) panel
Public (+) System drainfield
Community.

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andre C. Pierce DATE 4/18/89

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

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 Robert J. Edelen DATE 5-29-87 PERMIT NO. 650 650 650 650

PHONE: Business _____ Home _____

LOCATION 1100 N 1179 (Cannonbark) TR Spring Run Drive 100' on left S. R. No. _____

SUBDIVISION NAME Leaf - Trent LOT NO. 2 SECTION OR BLOCK NO. _____

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

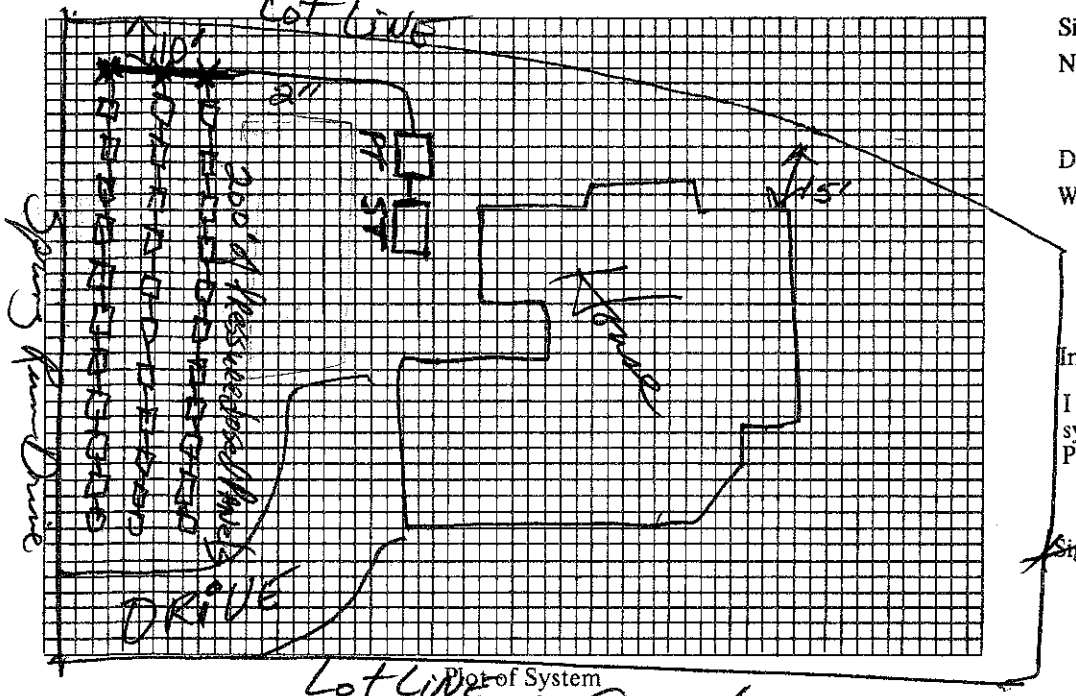
No. Bedrooms 3 No. Bathrooms 2½
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes ( ) No ( )

Character & Porosity of Soil clay
Percolation Rate 13-9
Topography 2a
Depth to Water Table 47
Rock or other impervious formations none obs.

Lot Area Existing ~20000ft²

_____ Basement with Plumbing _____ Basement without Plumbing ___✓___ No Basement

1250 gal pump tank



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 200'
Depth of Stone in Lines 16" + EJ
Water Supply: Individual ( ) panels
Public (✓)

Installed by _____

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

Signed: Robert J Edelen

IMPROVEMENTS PERMIT BY David R Hensen

COMMENTS: Install system shallow.
5' off property line 7/88

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold