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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 Donald A. Hester DATE 1-6-84 PERMIT NO. 2

PHONE: Business _____ Home _____

LOCATION 150W TL Across from Apple House, ½ .3mile TL dirt Road (Trollingwood Lane) About .3 mile on left S. R. No. _____

SUBDIVISION NAME Spring Acres LOT NO. 12 SECTION OR BLOCK NO. _____

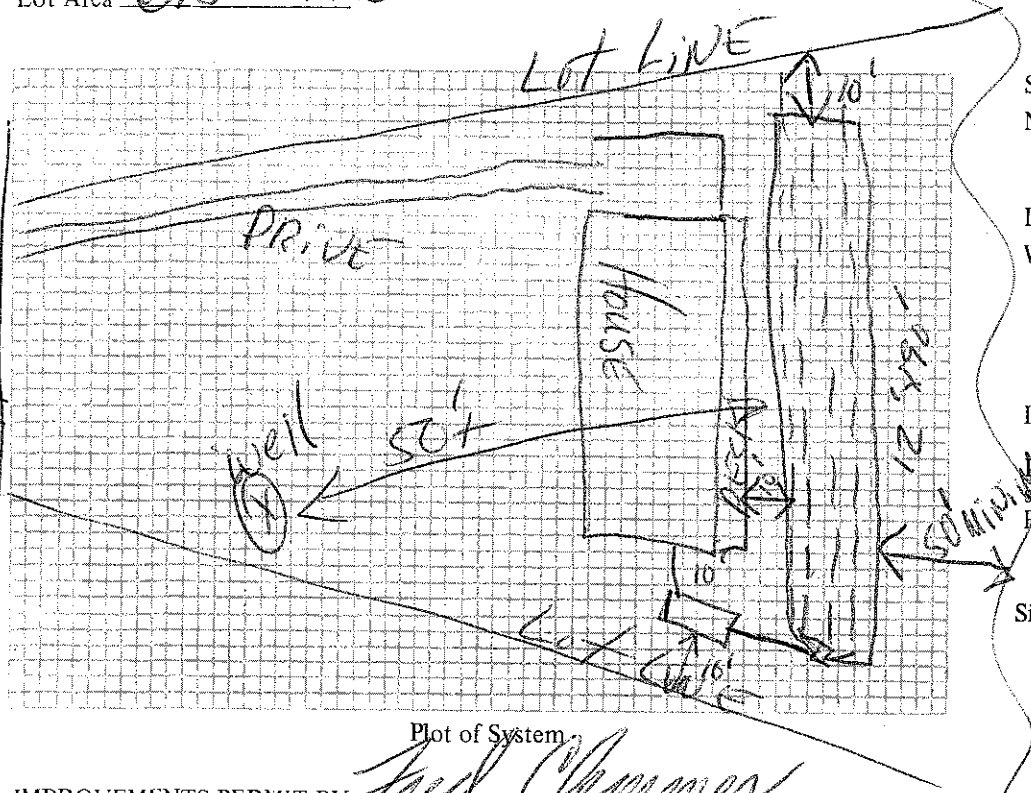
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 4

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

Lot Area 0.5 ACRE

Character & Porosity of Soil Clay loam
Percolation Rate ~0.5 gpd/ft²/day
Topography Rolling
Depth to Water Table 4+
Rock or other impervious formations none observed



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1080 Linear Ft. 360'
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by TAKE

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

Signed X D. Scott Hester

IMPROVEMENTS PERMIT BY Fred Ammer

COMMENTS: Keep system as shallow as possible, Must have 18 cover MAXIMUM

CERTIFICATE OF COMPLETION BY _____ DATE _____

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