4639-59-7637

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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 John Kindley DATE 1/17/89 ~~PERMIT NO.~~ Quad 18A

PHONE: Business _____ Home 528-3623

LOCATION Perth Rd. N. TL Neill Farm Rd. TR immediately past Winding Shore Rd. S. R. No. _____

SUBDIVISION NAME CL and T LOT NO. 145 SECTION OR BLOCK NO. 16

TAX# 3E-1-A-145 Fallstown

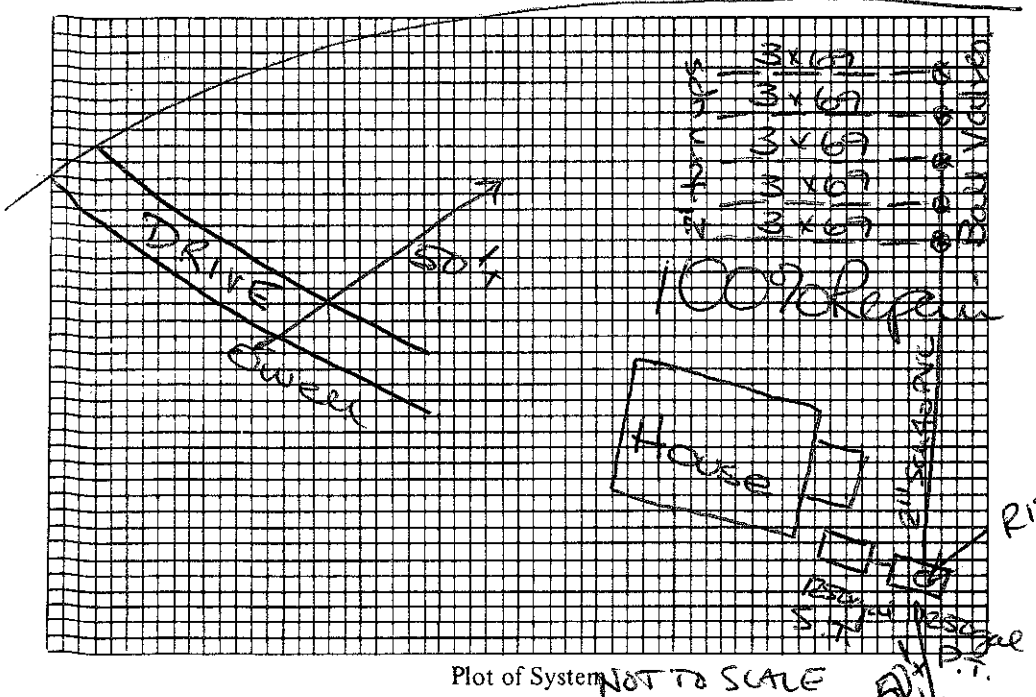
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 (2 BR at present) No. Bathrooms 2+

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	Clayey	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.35 gpd/ft²	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	6-8%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+	
			Rock or other impervious formations	none observed.	

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement Pump Tank: 1250



Plot of System NOT TO SCALE

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Denver Plumbing

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

RISER

Signed: _____

IMPROVEMENTS PERMIT BY AVP

COMMENTS: System drainline installed and checked 12/30/88
Alarm checked and pump regulated on 1/17/89.

CERTIFICATE OF COMPLETION BY Andrea C. Pierce DATE 1/17/89

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