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Part of IN-A-33 IN 2-B-43

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 Hubert Kistler DATE 8/15/90 PERMIT NO. IN-A-33

PHONE: Business _____ Home _____

LOCATION 801 N x 150 at stoplight TR Sardis Rt end on left S. R. No. _____

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

Tax No. IN-2-B-43

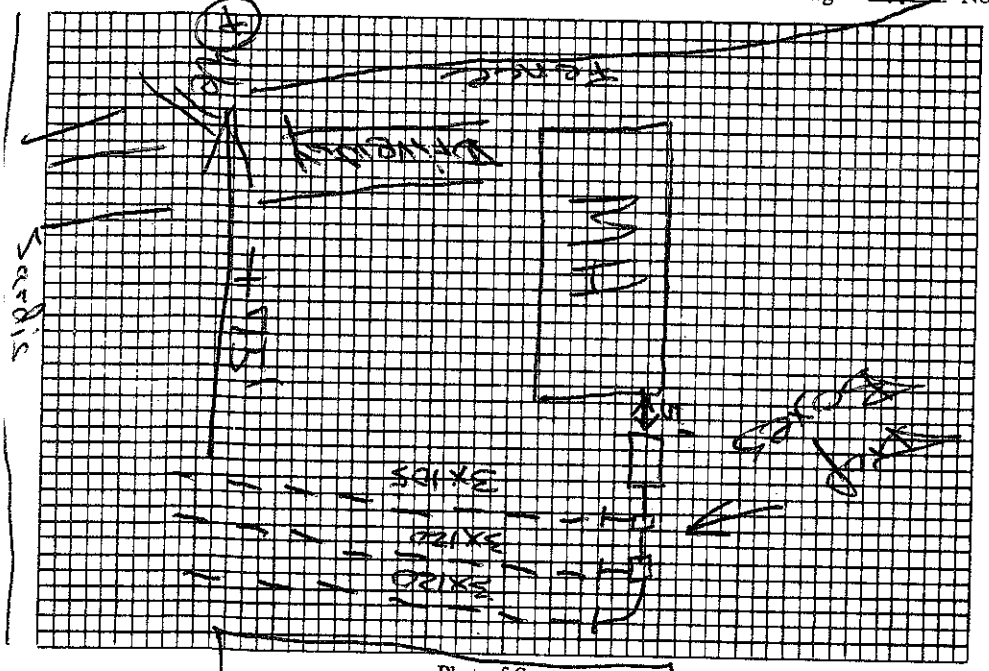
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	clay (some gravelly material)
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	35 gpi 1"
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	15% ± 20%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	41 +
			Rock or other impervious formations	none obs.

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE 8/15/90

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