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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 Brunmeier DATE Mar 23, 1990 PERMIT NO. 40-R-A-13

PHONE: Business _____ Home 872-3968

LOCATION Shinnville Rd. Springdale. Subd.

SUBDIVISION NAME Springdale LOT NO. 13 SECTION OR BLOCK NO. _____ S. R. No. _____

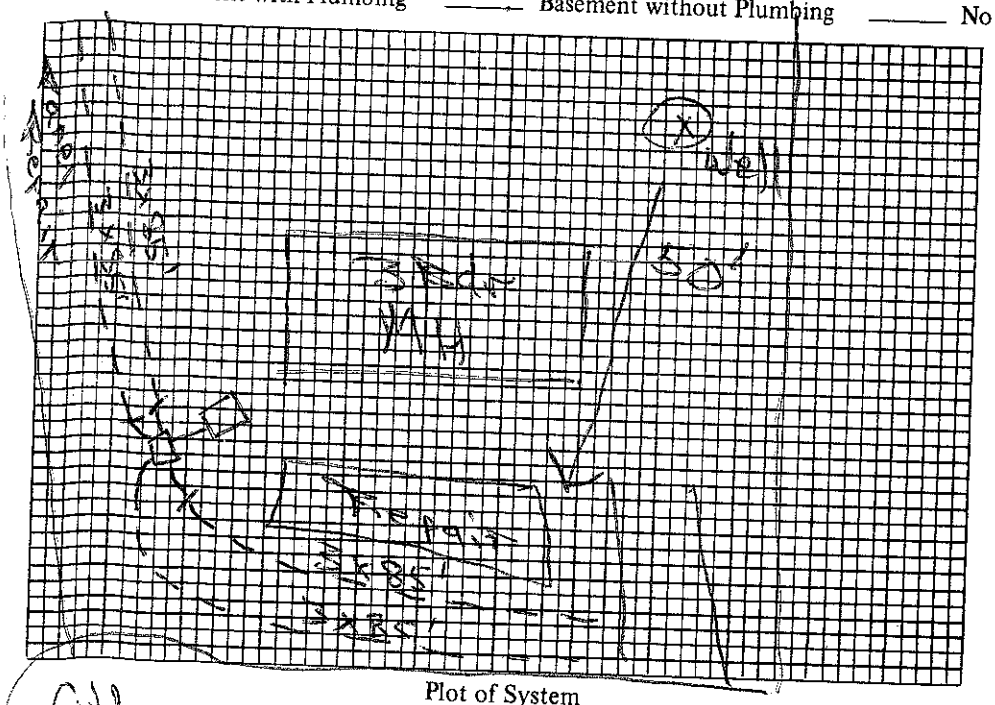
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate .35 gpd 1ft²
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 1-5%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table +2½'
			Rock or other impervious formations none obs.

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4@85'

Sq. Ft. 1200 Linear Ft. 340

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by J C Bowles

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

Signed: _____

Culdesac

IMPROVEMENTS PERMIT BY _____

COMMENTS: System installed where repair was intended to go due to owner's choice to save trees. Future repair may have to be pressure dosed. Well not installed at time of final repair

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE Mar 23, 1990

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