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IREDELL COUNTY HEALTH DEPARTMENT

10828 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Lake Norman Rental & Dev DATE 6/8/90 PERMIT NO. 90-2-A-6

PHONE: Business _____ Home _____

LOCATION 115 N TR 2383 (Shinnville Rd) ~ 1½ mi TL into Springdale ~500' on right S. R. No. _____

SUBDIVISION NAME Springdale LOT NO. 6 SECTION OR BLOCK NO. _____

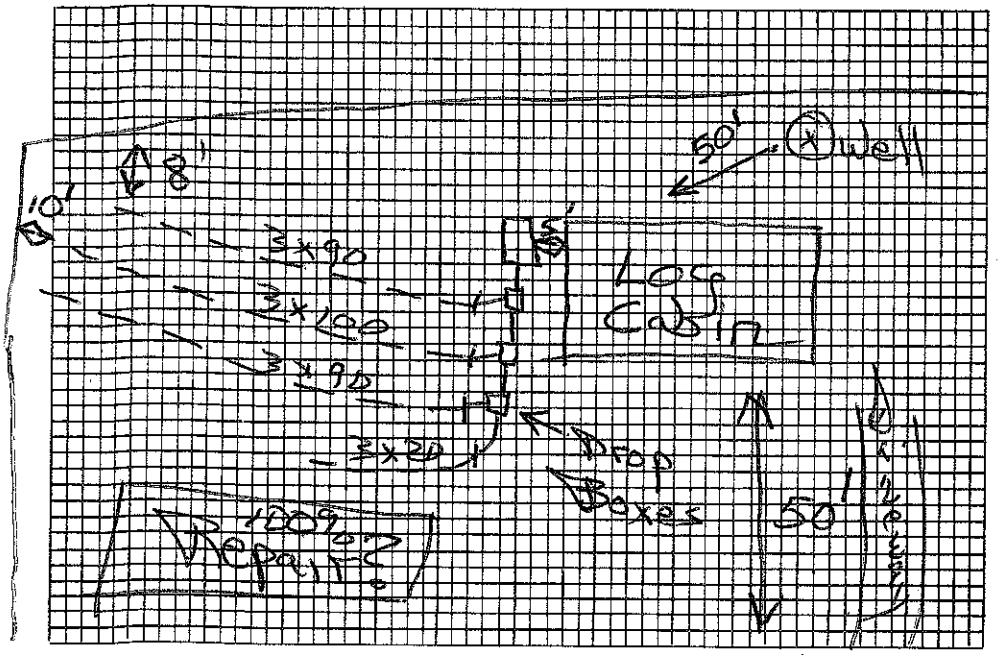
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	PS clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	~ 0.4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	~ 4%
Site ~~Suitable~~ PS	Yes ( )	No ( )	Depth to Water Table	4' +
			Rock or other impervious formations	none obs

Lot Area 200 x 120' Shallow to sap.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System Street

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. 300'
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Installed by Foster Pool Ser.

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 6/8/90

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