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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 Hinkley Const. / Lake Norman Rental & Dev. DATE Oct. 10, '91 PERMIT NO. 40-2-A-23

PHONE: Business _____ Home _____

LOCATION I-5-21N. TR 2383 Turn to Springdale on Right S. R. No. _____

SUBDIVISION NAME Springdale LOT NO. 5 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ B Yes (✓) No ( )

Lot Area 120'x200'

Character & Porosity of Soil ls clay

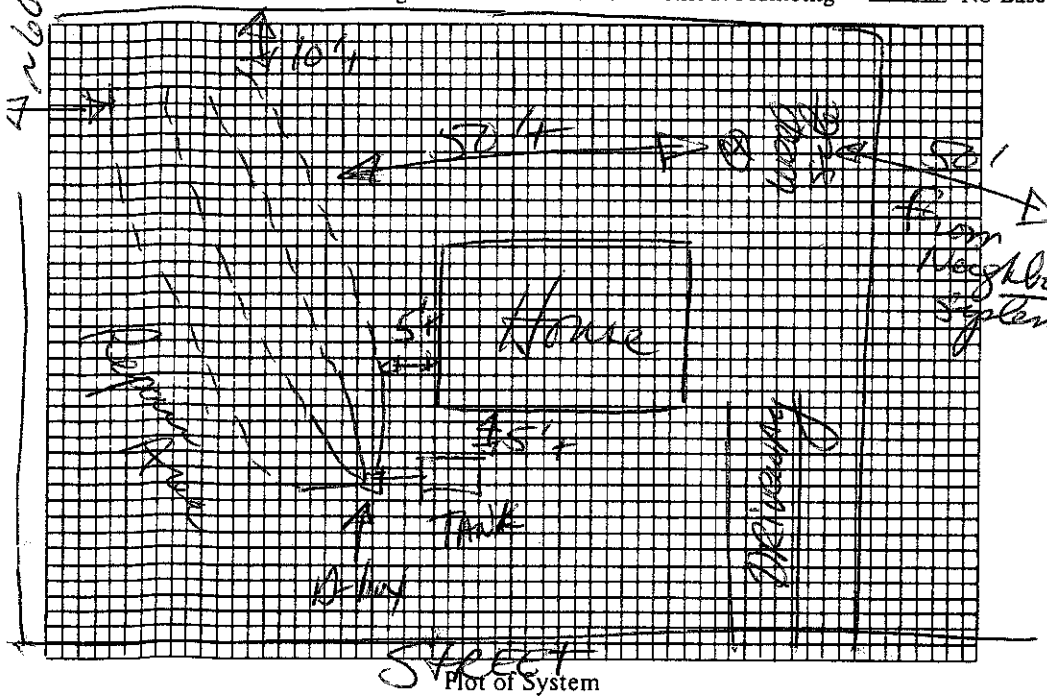
Percolation Rate .35 L/4

Topography 2-4%

Depth to Water Table 64

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 99 Linear Ft. 333

Depth of Stone in Lines 12"+

Water Supply: Individual (✓)

Public ( )

Installed by Foster Pool Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY SCI

COMMENTS: Well not installed as of this date

CERTIFICATE OF COMPLETION BY D R Hinson, RS DATE 10-10-91

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