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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR JOE THOMAS LINGLE DATE 5-28-92. PERMIT NO. 35-3-H-16.

PHONE: Business _____ Home _____

LOCATION Old Nth. Rd. south of Kyles X Rds. - T.R. on Orville Lane - go to curve on left. S.R. No. _____

SUBDIVISION NAME _____ LOT NO. 16 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 [ ]

Lot Area 1.94 acres.

Soil Characteristics Prop. Suitable.

Application Rate .4 gal/sq. ft.

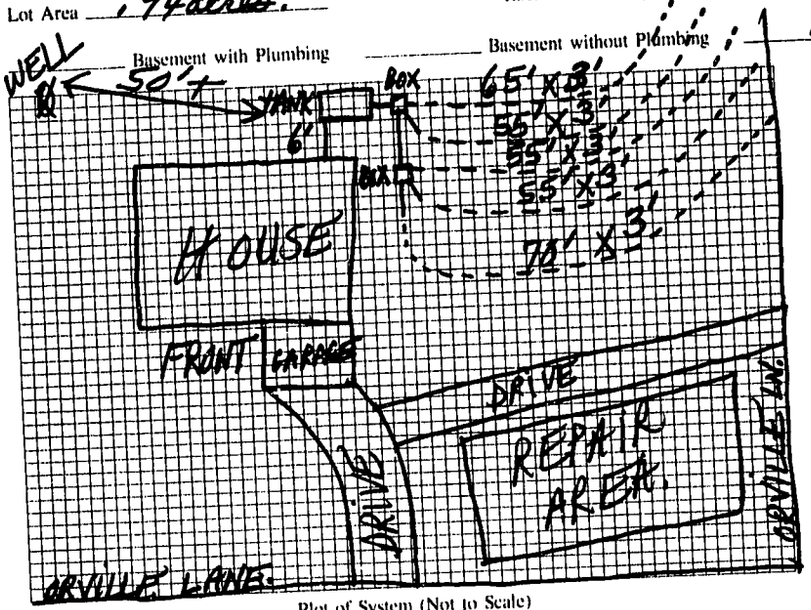
Topography 2

Depth to Water Table 10'+

Rock or other impervious formations none observed.

[✓] No Basement [ ] Crawl Space

[ ] Basement with Plumbing [ ] Basement without Plumbing



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual [✓] Public [ ]

Installed by A-1 Backhoe Serv.

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Steve Brown

COMMENTS _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6-28-92.

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold