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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR KEITH CARROLL DATE 3-18-92. PERMIT NO. 6C-6-A-6.

PHONE: Business _____ Home _____

LOCATION Old Mtn. Rd. south of Kyles Xing - approx. ½ mi. on left. Enter dev. - T.R. on 1st street - 200 yards on R. S.R. No. _____

SUBDIVISION NAME LIPPARD SPRINGS DEV. LOT NO. 17. SECTION OR BLOCK NO. _____

House [✓] Mobile Home [ ] Business [ ] Other _____

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics Prov. Suitable.

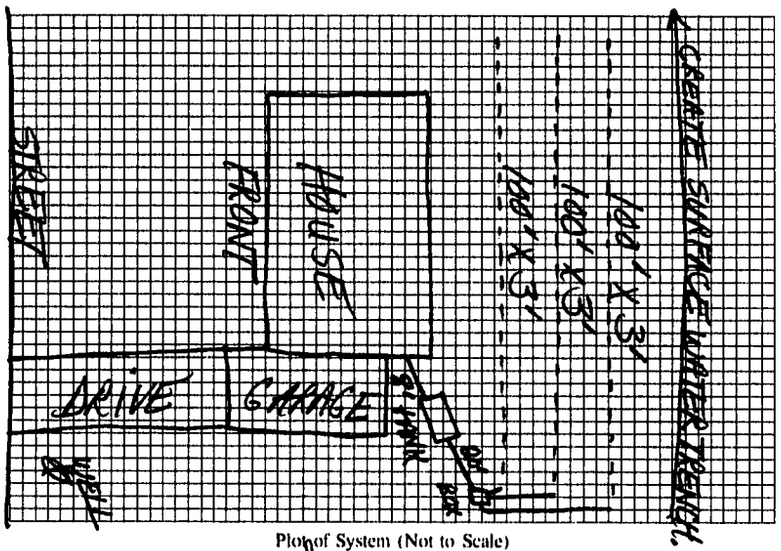
Garbage Disposal Unit Yes [ ] No [✓] Application Rate .4 gal./sq. ft.

Auto. Dishwasher Yes [✓] No [ ] Topography 2-6%

Auto. Wash Machine Yes [✓] No [ ] Depth to Water Table 10'+

Lot Area Ample. Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual [✓]

Public [ ]

Nelson Haitlcap

Installed by Peninsula Grading

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 Create surface water diversion to rear of house septic tank system.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 3-18-92.

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