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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 KENNETH DEAN JR. DATE 2-14-90 PERMIT NO. 6C-B-4062)

PHONE: Business _____ Home _____

LOCATION Old NC 21 Rd south of Kyles Xing approx. ½ mi. on left - Enter dev. - go to end of rd.

S. R. No. _____

SUBDIVISION NAME LIPPARD SPRINGS DEV. LOT NO. 21 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 Yes (✓) No ( )

Lot Area 1.86 acres.

Character & Porosity of Soil Prov. Suitable.

Percolation Rate 4"/10 min. ft.

Topography Level

Depth to Water Table 12"+

Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals.

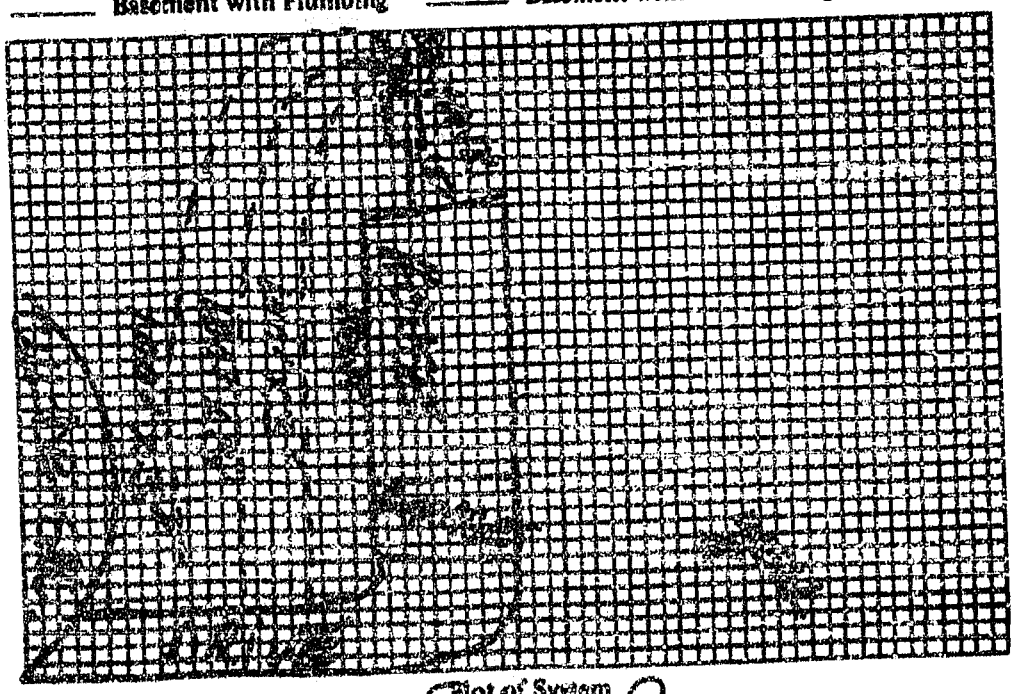
Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 18"

Water Supply: Individual (✓)
Public ( )



Plot of System

Installed by Chaffin Farms.

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 2-14-90.

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