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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 SAM WHITSON DATE 9-6-90. PERMIT NO. 8K-9-A-5.

PHONE: Business _____ Home _____

LOCATION Old Mtn. Rd. - one mile north of Kyles Xing on D. Enter to 2nd lot on R.

T. R. No. _____

SUBDIVISION NAME SPRING MEADOWS DEV. LOT NO. 5 SECTION OR BLOCK NO. _____

House (4) Mobile Home ( ) Business ( ) Other _____

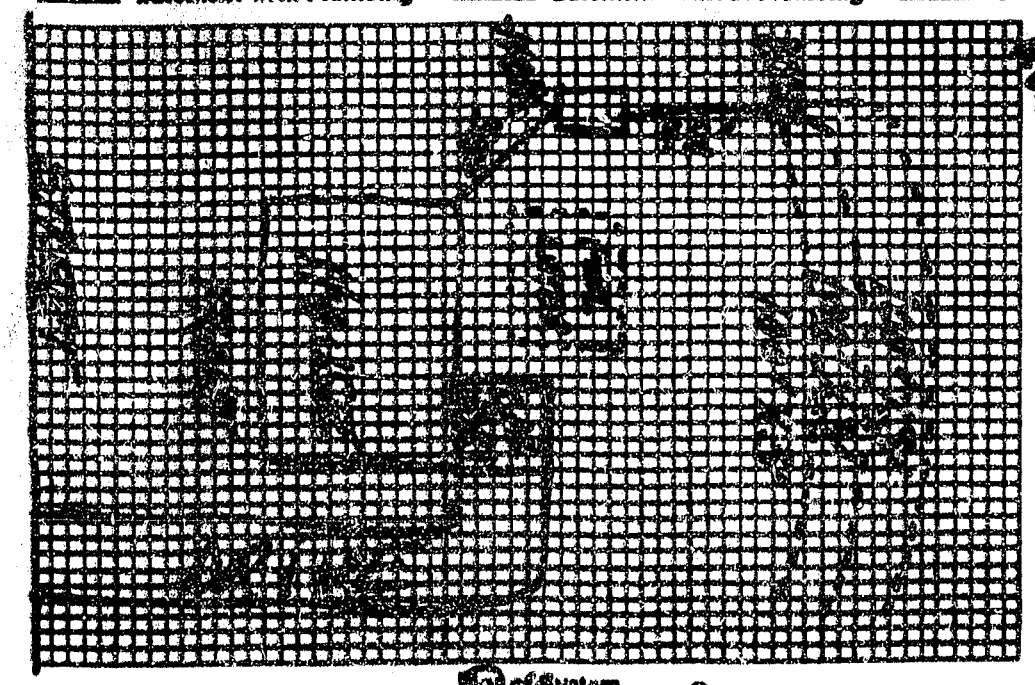
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (4) No ( )
Auto. Dishwasher Yes (4) No ( )
Auto. Wash. Machine Yes (4) No ( )
Site Suitable Yes (4) No ( )

Lot Area Ample.

Character & Porosity of Soil Loam Suitable.
Percolation Rate 2-6, 6-24"
Topography Level
Depth to Water Table 18+
Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (4)
Public ( )

Installed by Cleffie Farmer.

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

Signed: _____

No. of System

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 9-6-90.

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