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IREDELL COUNTY HEALTH DEPARTMENT

8K-D-40A

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR JAMES W. KEAVIS DATE 6-29-90 PERMIT NO. 814

PHONE: Business _____ Home _____

LOCATION Old Mtn. Rd. north of Kyles Xing. Smiley on (R). S. R. No. _____

SUBDIVISION NAME SPRING MEADOWS DEV LOT NO 2 & 3 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable (✓)

Lot Area 2.7 acres

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement

Character & Porosity of Soil Prov. Suitable.

Percolation Rate 2-120 1ft.

Topography 2-12% 10%

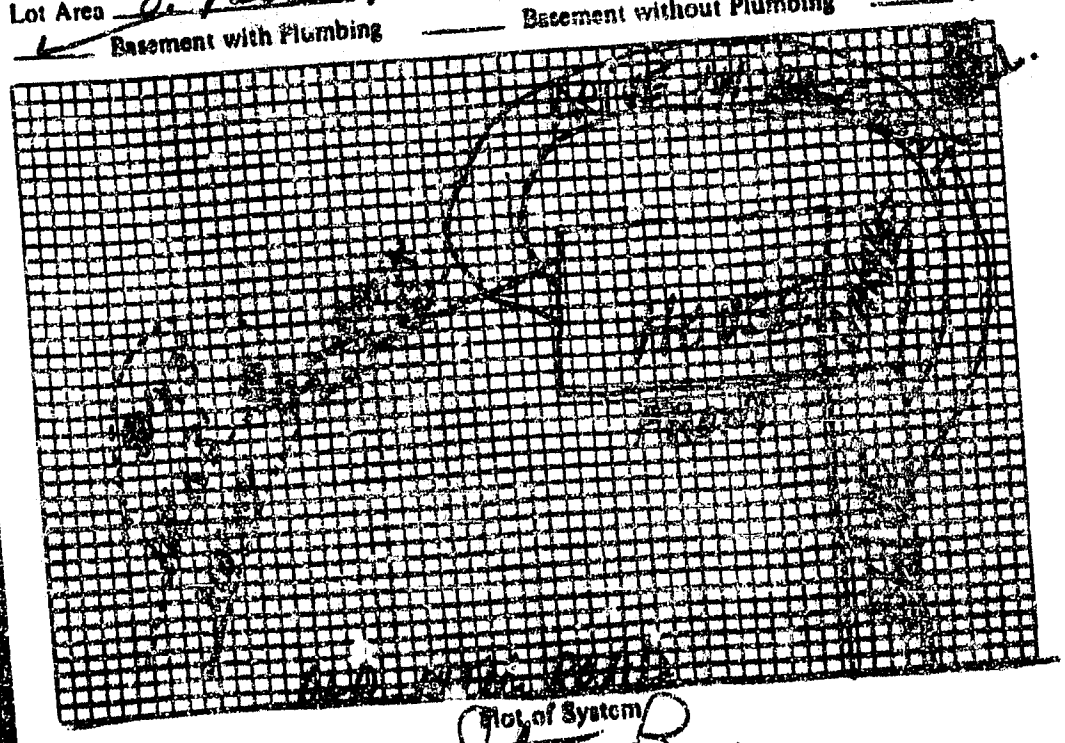
Depth to Water Table 10'+

Rock or other impervious formations scattered rock.

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 24"

Water Supply: Individual (✓)
Public ( )



Plot of System

Installed by James Hudlers

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 6-29-90

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