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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)

DATE 3-28-98 PERMIT NO. 8K-9-A-55

OWNER OR CONTRACTOR Barry Thomas

PHONE: Business _____ Home _____

LOCATION Old Mtn Rd North at Kyles Crossroads, one mile on rt, Enter Development, 300 yds on Lf

S. R. No. _____

SUBDIVISION NAME Spry Meadows LOT NO. 55 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 Ample

Character & Porosity of Soil prev. suitable

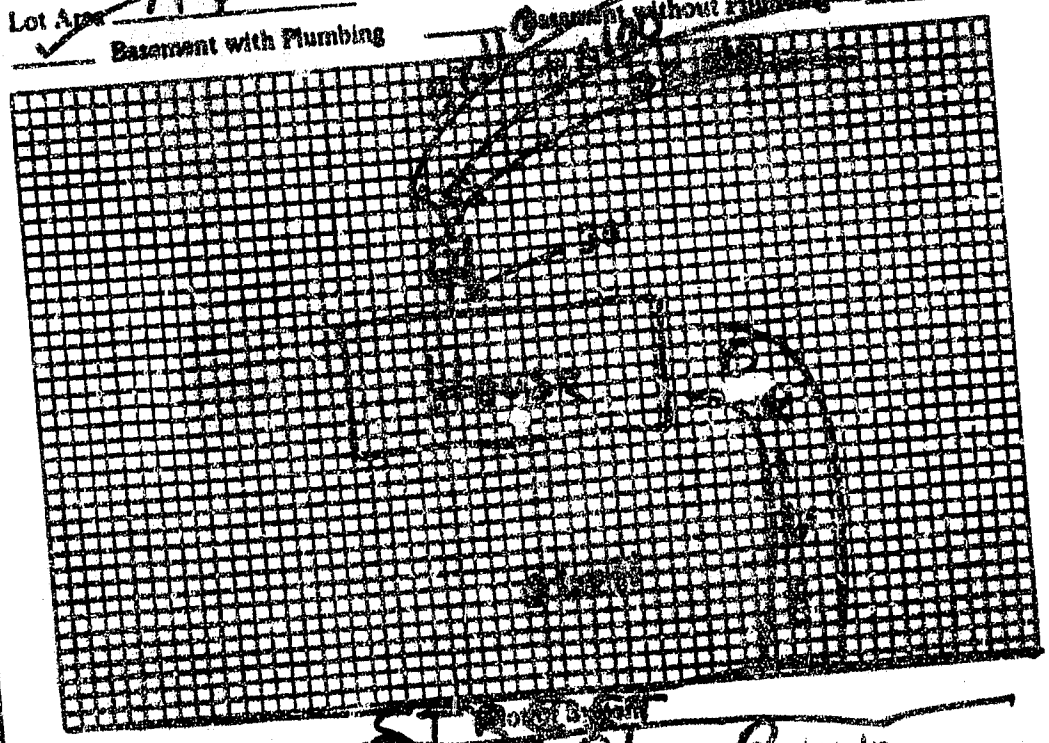
Percolation Rate Old 2 MPI / FF 2-60 New 4

Topography _____

Depth to Water Table _____

Rock or other impervious formations none noted

✓ 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 (✓) onsite

Public ( )

Installed by Wes Lytton

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

Signed: _____

IMPROVEMENTS PERMIT BY T. Stew Brown

COMMENTS: Large tank & extra 10' line OK by KB

CERTIFICATE OF COMPLETION BY _____ DATE 5/20/98

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