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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 STEVE HARTZOG DATE 11-20-89 PERMIT NO. B14.

PHONE: Business _____ Home _____

LOCATION Old Mtn. Rd. come 1/2 mile past Hy Plaza on R. Enter dev. - 1/2 mi. on left side Cul-de-sac. S. R. No. _____

SUBDIVISION NAME SPRING MEADOWS DEV. LOT NO. 49 SECTION OR BLOCK NO. _____

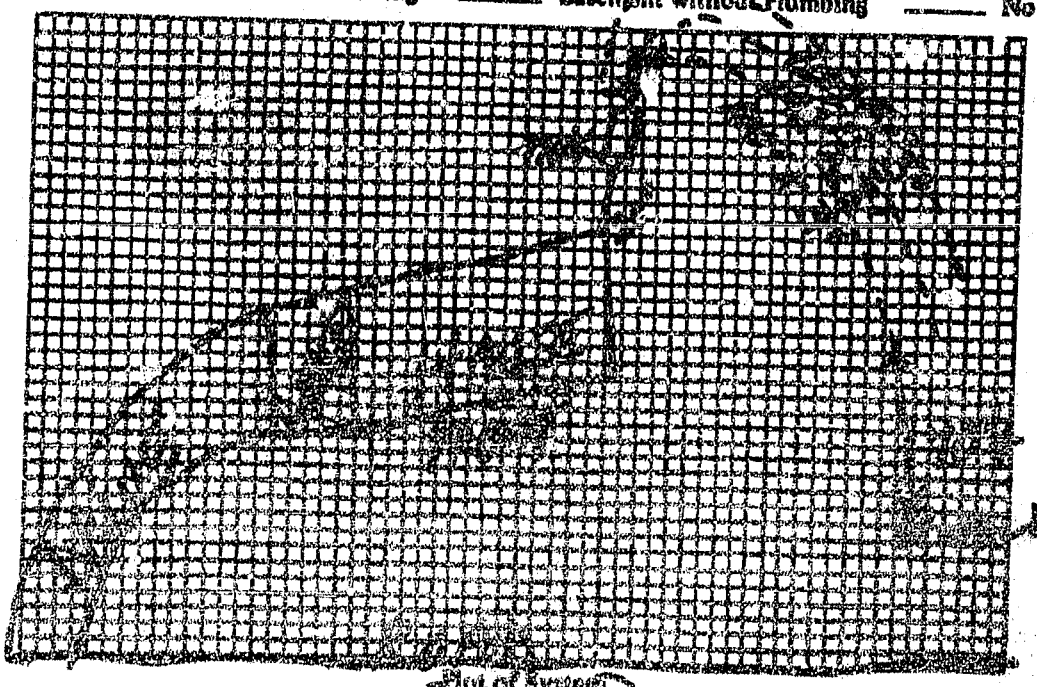
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Prev. Suitable.	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	4 min/in	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Gently	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	12+	
			Rock or other impervious formations	None Encountered.	

Lot Area Acreage

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Lineal Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Wes Lyston

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

Signed: _____

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 11-20-89

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