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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

8K-9-A-38

OWNER OR CONTRACTOR WILLIAM SPILLANE DATE 7-20-92. PERMIT NO. 14B.

PHONE: Business _____ Home _____

LOCATION Old Mtn. Rd. north of Kyles Xing - go one mile on R - Enter dev. + go down to 1st st. on left - go to end at cul de sac. S.R. No. _____

SUBDIVISION NAME SPRING MEADOWS DEV. LOT NO. 38. SECTION OR BLOCK NO. _____

House [X] Mobile Home [ ] Business [ ] Other _____

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes [ ] No [X]

Auto. Dishwasher Yes [X] No [ ]

Auto. Wash. Machine Yes [X] No [ ]

Lot Area Ample.

Soil Characteristics Prov. Suitable.

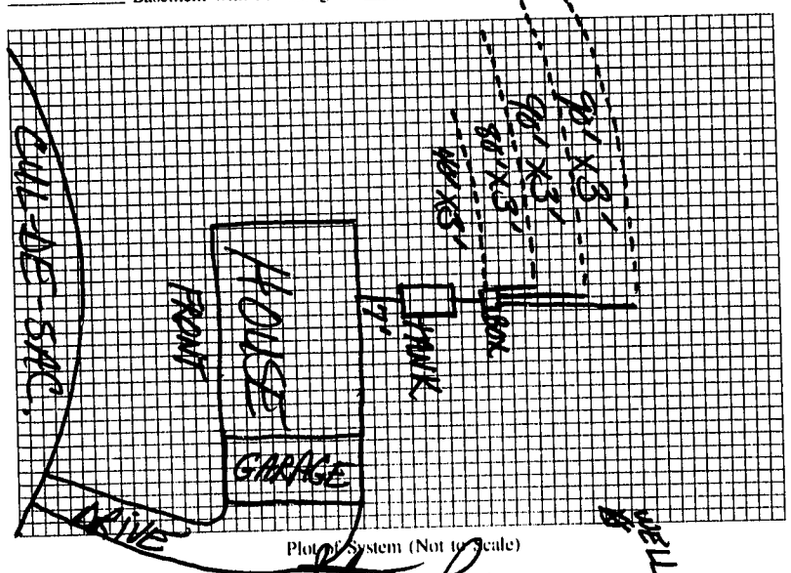
Application Rate .6 gal./sq. ft.

Topography 2-6%

Depth to Water Table 10'+

Rock or other impervious formations none observed.

[X] Basement with Plumbing [ ] Basement without Plumbing [ ] No Basement [ ] Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual [X] Public [ ]

Installed by R+R MacLeod

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Steve Braun

COMMENTS _____

CERTIFICATE OF COMPLETION BY Steve Braun DATE 7-20-92.

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold