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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR James W. Hill DATE 5-1-92 PERMIT NO. 5m-4-A-25+24

PHONE: Business _____ Home _____

LOCATION 64E TR Bell Rd Cross 4th Creek TR Bellwood TR Kaywood 1st 1tse on Rt.

SUBDIVISION NAME Bellwood LOT NO. 24+25 SECTION OR BLOCK NO. _____ S.R. No. _____

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes [ ] No [✓]

Auto. Dishwasher Yes [✓] No [ ]

Auto. Wash. Machine Yes [ ] No [ ]

Lot Area 3¼ acres

Soil Characteristics Clayey

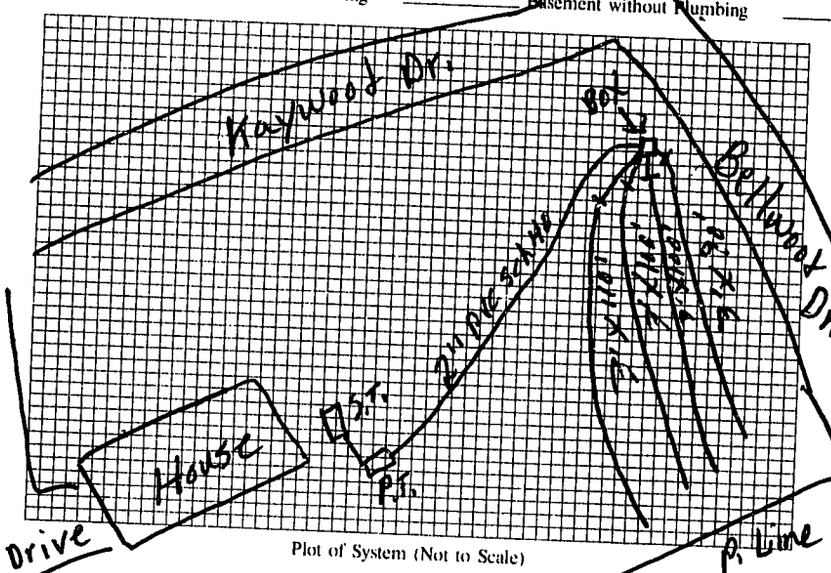
Application Rate 1.3 gal PSF

Topography 2+0 6-30

Depth to Water Table 10'+

Rock or other impervious formations None

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



Plot of System (Not to Scale)

Size of Tank 1000 P.T. 1000 S.T. Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual [✓] Public [ ]

Installed by A-1 Backhoe

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 R. C. Moore

COMMENTS Wire Pump + Alarm To meet Iredell Co. Building standards

Goulds WE05A 1/2 HP used 40 gal/min 30' Total Head

CERTIFICATE OF COMPLETION BY R. C. Moore

EXISTING SYSTEM CHECKED BY _____ DATE 5-1-92

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS DATE _____

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