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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 Ronald Springer DATE 7-16-91 PERMIT NO. 1162-A-5

PHONE: Business _____ Home _____

LOCATION 106 west Haven

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

House (✓) Mobile Home ( ) Business ( ) Other Adding bath in basement

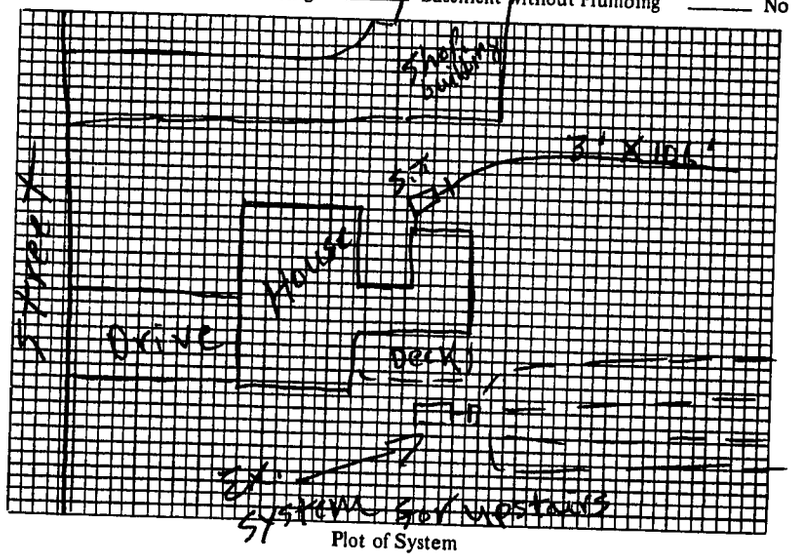
No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	
Auto. Dishwasher	Yes ( )	No ( )	
Auto. Wash. Machine	Yes ( )	No ( )	
Site Suitable	Yes ( )	No ( )	

Lot Area _____

Character & Porosity of Soil Clayey
Percolation Rate .4
Topography 2 to 6%
Depth to Water Table 10'+
Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Kenny Pearson

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

Signed: _____

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS: Reroute water line around drain line.

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 7-16-91

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