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IREDELL COUNTY HEALTH DEPARTMENT

39494

(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 4-29-91 PERMIT NO. IIE2-A-5

PHONE: Business _____ Home _____

LOCATION 106 West Haven Dr. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

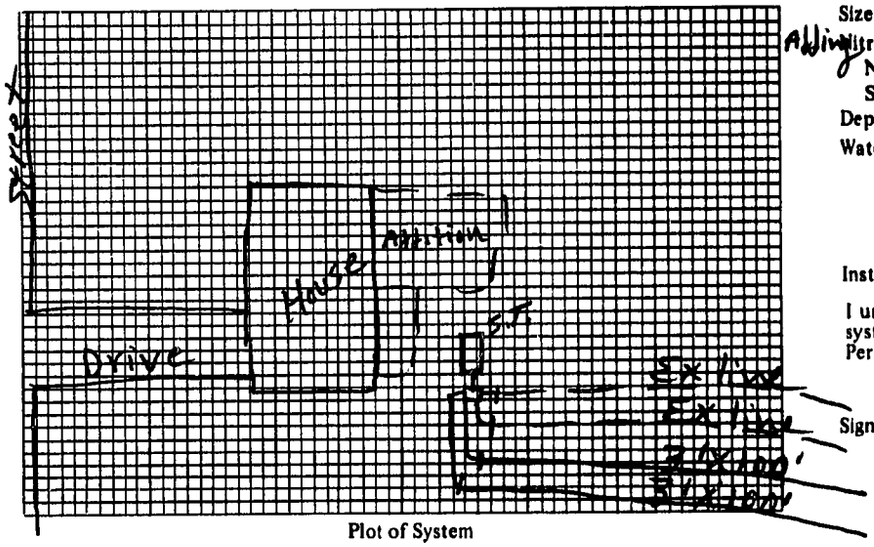
House (✓) Mobile Home ( ) Business ( ) Other Adding Bedroom bath + Rec Room

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	Clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Z+bTo
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+
			Rock or other impervious formations	None

Lot Area acreage

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 Gals.

Adding Trification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
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: Old S.T. was fillet In

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 4-29-91

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