11:00

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 Larry E. Haynes DATE 2-8-85 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 150W TL dirt street Across from Apple House BR at Forks 1/3 mile on R S. R. No. ____

SUBDIVISION NAME Spring Acres LOT NO. 8 SECTION OR BLOCK NO. ____

House (X) Mobile Home ( ) Business ( ) Other ____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area 20,000 Ft2

Character & Porosity of Soil Clay

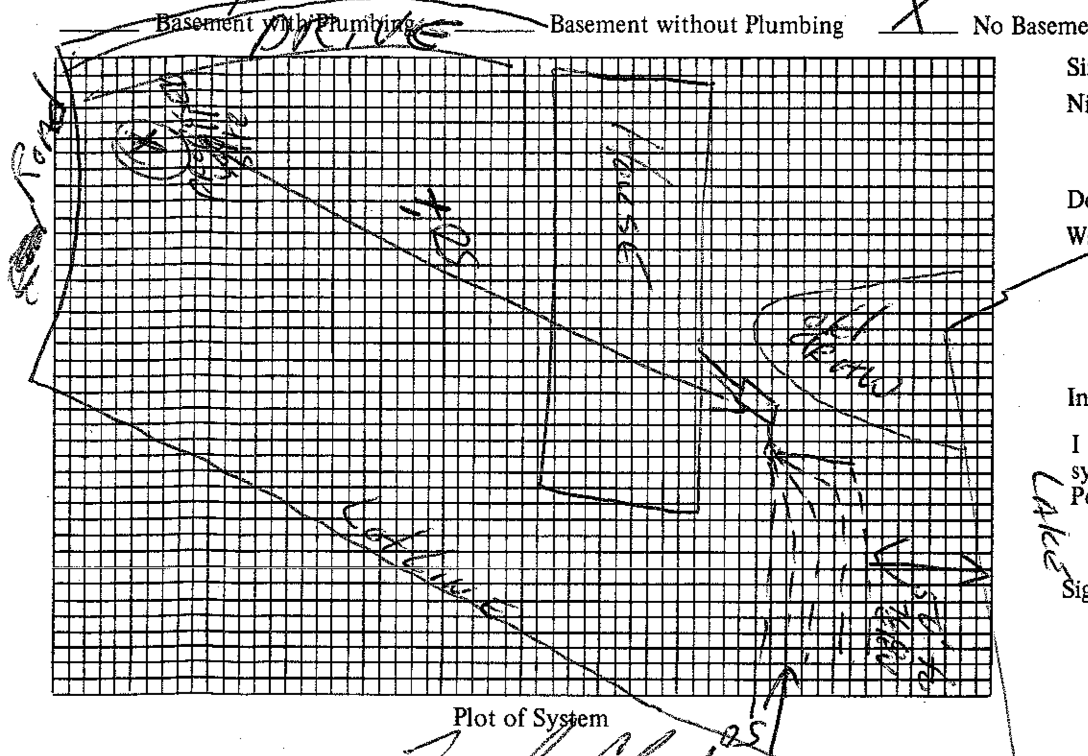
Percolation Rate 0.5 gal/ft2/day

Topography 10%-15%

Depth to Water Table ____

Rock or other impervious formations NONE obs.

____ Basement with Plumbing ____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 720 Linear Ft. 250

Depth of Stone in Lines 12"

Water Supply: Individual (X) Public ( )

Installed by ____

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

Signed X Larry E. Haynes

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep system at least 15' away from old draw; 50' away from neighbor's well

CERTIFICATE OF COMPLETION BY ____ DATE ____

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