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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 Thomas Wilson DATE June 5, 91 PERMIT NO 24-7-028

PHONE: Business _____ Home _____

LOCATION 150 W TL at "Apple House" ~500' on Right

S. R. No. _____

SUBDIVISION NAME Spring Acres LOT NO. 28 SECTION OR BLOCK 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 ( )

Site ~~Suitable~~ PS Yes (✓) No ( ) ONE

Lot Area 108'X190' 410'

Character & Porosity of Soil PS clay

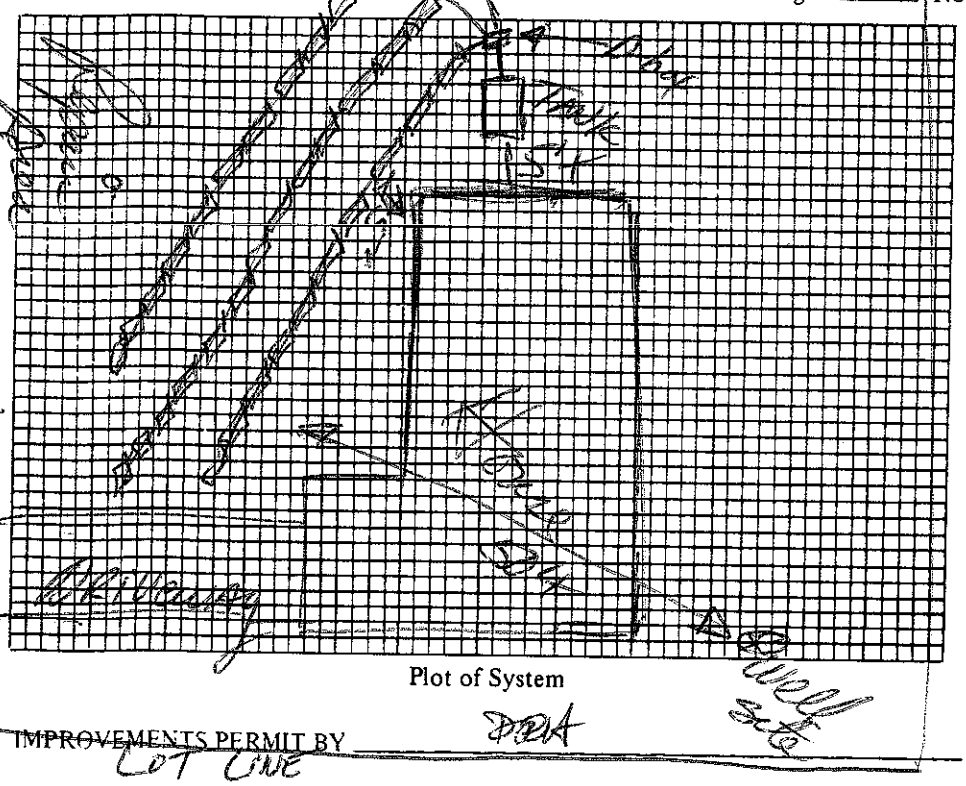
Percolation Rate 3

Topography 4-6%

Depth to Water Table 4'+

Rock or other ~~Impervious~~ formations more than

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 200'

Depth of Stone in Lines 16"

Water Supply: Individual (✓) gravity flow

Public ( )

Installed by Tommy Frye

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

Signed: _____

IMPROVEMENTS PERMIT BY ~~_____~~ DEHA

LOT ONE

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Donna C. Hanson, RS DATE 6/5/91

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