10088.

REDELL 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 L. D. CRAUSE DATE 6-26-89 PERMIT NO. A 13

PHONE: Business _____ Home _____

LOCATION Leave Selma R. to the Alexander Co. line - T.L. on S.R. 1531 - bear left at 1st fork to end - Rear (L) - 1st drive on right). S. C. No. _____

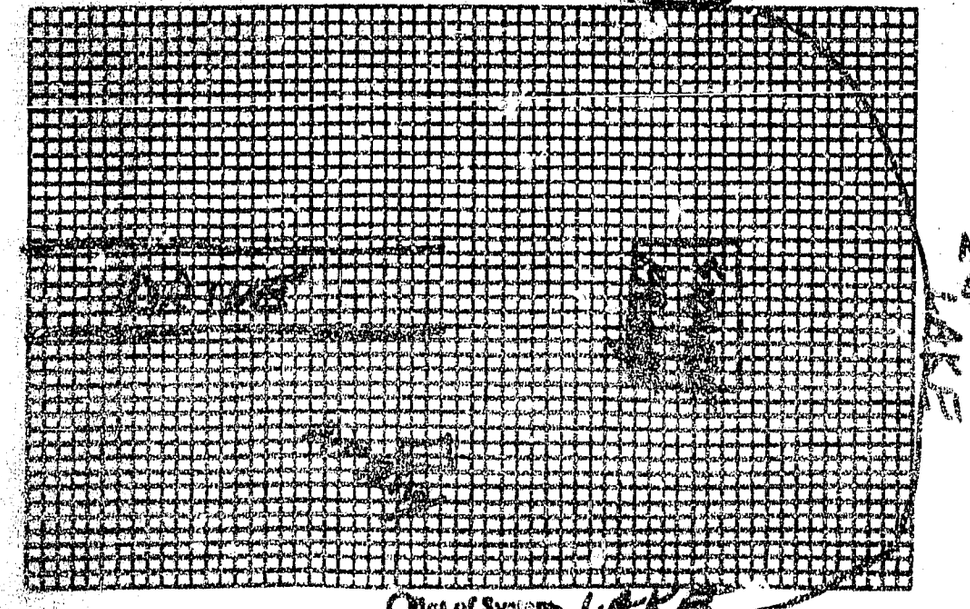
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other Storage Facility.

No. Bedrooms NO No. Bathrooms NO Character & Porosity of Soil Gray. Suitable.
Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate _____
Auto. Dishwasher Yes ( ) No (✓) Topography 2-6% Fl.
Auto. Wash. Machine Yes ( ) No (✓) Depth to Water Table 10' ft.
Site Suitable Yes (✓) No ( ) Rock or other impervious formations scattered rock.

Lot Area Ample.

_____ Basement with Plumbing _____ Basement w/o Plumbing ✓ No Basement



Size of Tank _____ Gals.
Nitrification Field:
No. of Lines PIT PRIVY
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines INSTALLED.
Water Supply: Individual ( )
Public ( )
NO WATER SUPPLY.

Installed by L. D. CRAUSE

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

Signed: _____

Plan of System LAKE

IMPROVEMENTS PERMIT BY Steve Brewer

COMMENTS: Bury at least 50' off water at all points.

CERTIFICATE OF COMPLETION BY Steve Brewer DATE 6-26-89.

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