Permit

# 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 ROBERT CRAWFORD DATE 6-5-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 6K-West past white Oaks approx. 2 miles, T.R. into Deer Trail Est, then T.R. on 1st st. - 2nd house on (R) S. R. No. _____

SUBDIVISION NAME ~~DEER~~ TRAIL ACRES LOT NO. _____ SECTION OR BLOCK NO. _____

House ✓ Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 2.2 Acres

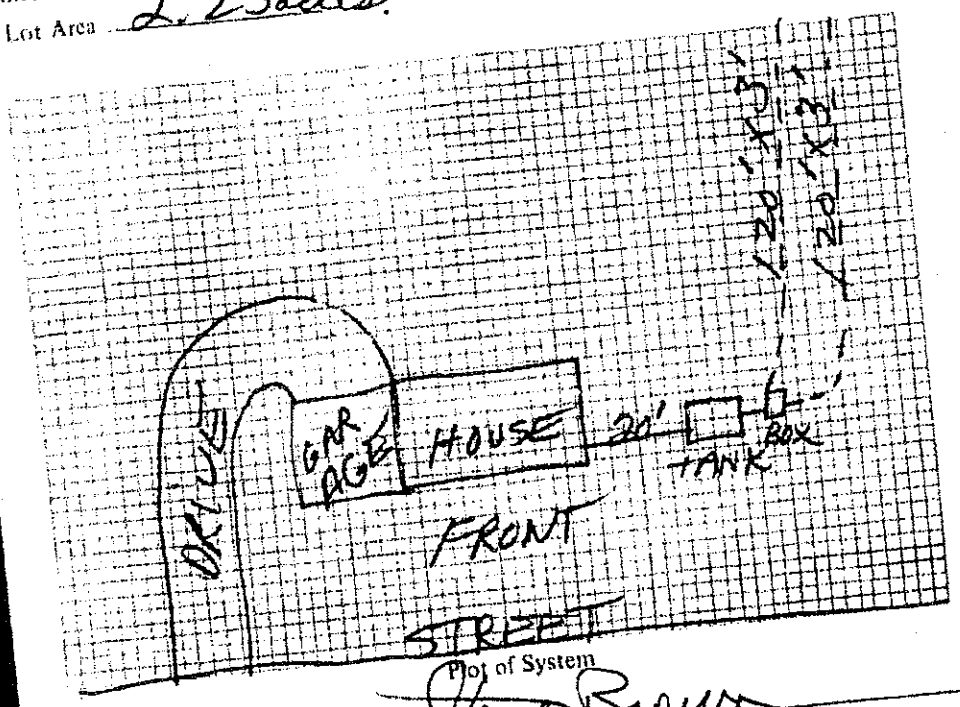
Character & Porosity of Soil Prev. Suitable

Percolation Rate 1 gal/sq. ft.

Topography Level

Depth to Water Table 10'+

Rock or other impervious formations none observed.




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by Dale Robertson

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Do not pave, drive, or park over S.T. system.

DATE 6-5-84

CERTIFICATE OF COMPLETION BY Steve Brown 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