3:00

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 David CRAWFORD DATE 5-4-83 PERMIT NO. 107

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 TL 1st 1458 ½ mile on left

S. R. No. _____

SUBDIVISION NAME LAKE NORMAN LOT NO. 109 SECTION OR BLOCK NO. 7

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 EXISTING

Character & Porosity of Soil Clay loam

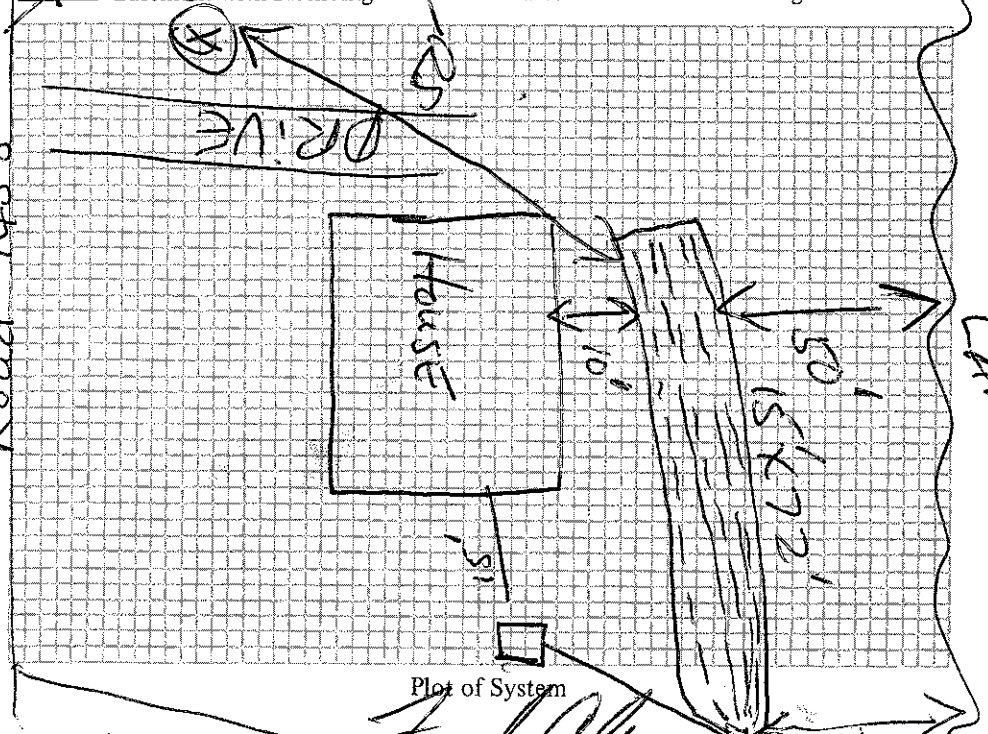
Percolation Rate 0.5 gal/ft²/day

Topography 10-15%

Depth to Water Table 4'

Rock or other impervious formations NONE OBSERVED

(X) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1080 Linear Ft. 360

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: D Crawford

IMPROVEMENTS PERMIT BY: Fred Clement

COMMENTS: Note: Keep system below level of original grade. Don't install in fill material. Keep 1' of original soil above level of stone. Pipe gutter + footing drains to (X) Neighbors well. Landscape

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