4625-00-6712

12568

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 ABJ Construction DATE Sept. 30, 91 PERMIT NO. 201-A-95

PHONE: Business _____ Home _____

LOCATION 1100 TR 1236 (Stonemarker) ~1-1½ miles TR Fernside at end

S. R. No. _____

SUBDIVISION NAME Crescent - Cato Norman LOT NO. 95 SECTION OR BLOCK NO. 6

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 4

Garbage Disposal Unit	Yes (✓)	No ( )
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area ~3/4 AC.

Character & Porosity of Soil PS clay

Percolation Rate ~.35

Topography 6-10%

Depth to Water Table 4'+

Rock or other impervious formations some scattered rock

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Size of Tank 1500/1500 Gals.

Nitrification Field:

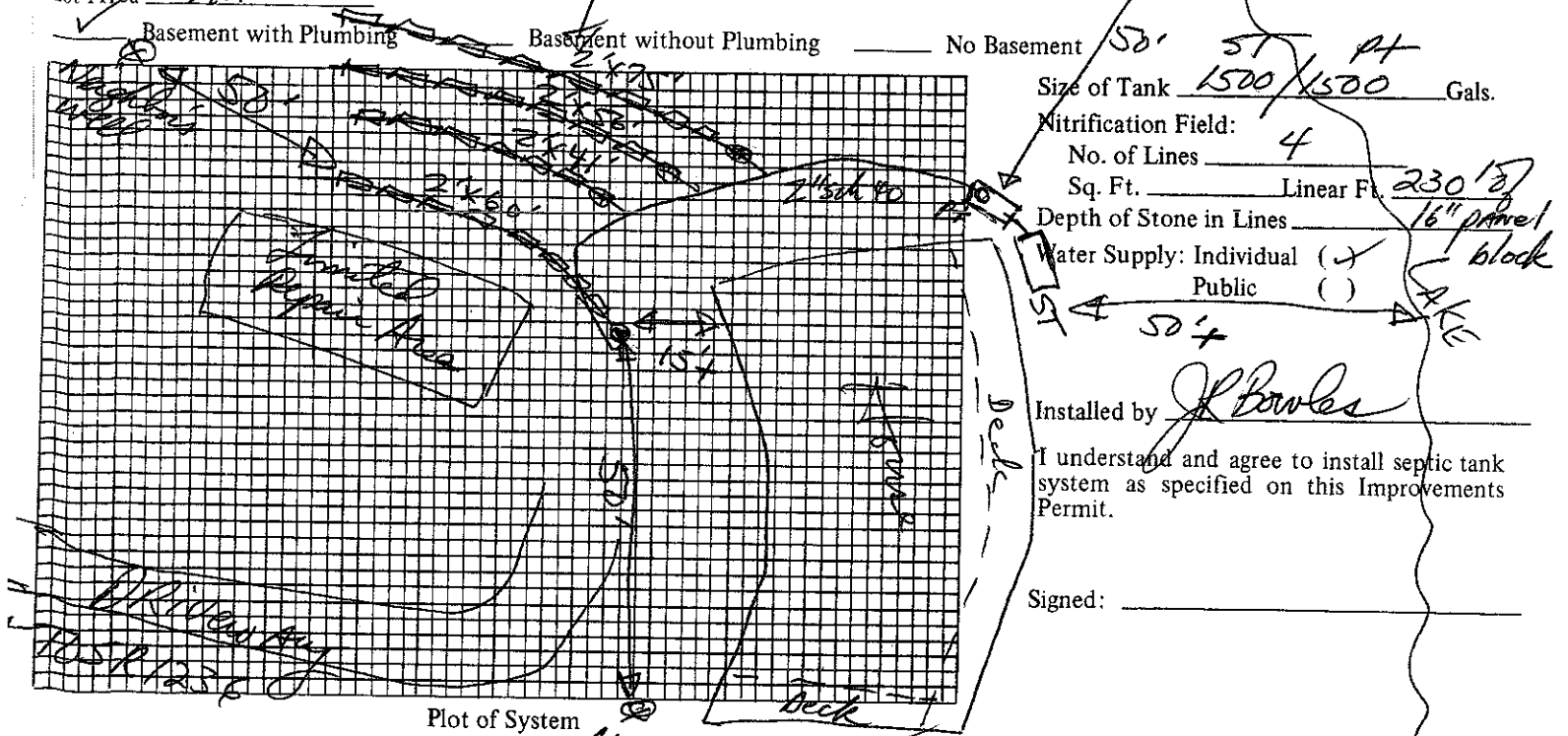
No. of Lines 4

Sq. Ft. _____ Linear Ft. 230 ea

Depth of Stone in Lines 16" panel + block

Water Supply: Individual (✓)

Public ( )



Plot of System

Installed by J K Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY _____ DRH

COMMENTS: Alarm & pump tested. Alarm not permanently mounted yet.

Operation permit

TIFICATE OF COMPLETION BY DR Hinson, RS DATE 9-30-91

TING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making ments Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold