8540

III

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 Betty Jean Crowe DATE 9/16/89 ~~PERMIT NO.~~ 20B

PHONE: Business _____ Home _____

LOCATION 1100 TR McKendrie TL Kemp On L. ~ 1½ mile S. R. No. _____

SUBDIVISION NAME Cl and T LOT NO. 140 SECTION OR BLOCK NO. 8

Tax# 2F-3-A-140

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

No. Bedrooms 4 No. Bathrooms 3½

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 20,000 ft²

Character & Porosity of Soil Clayey

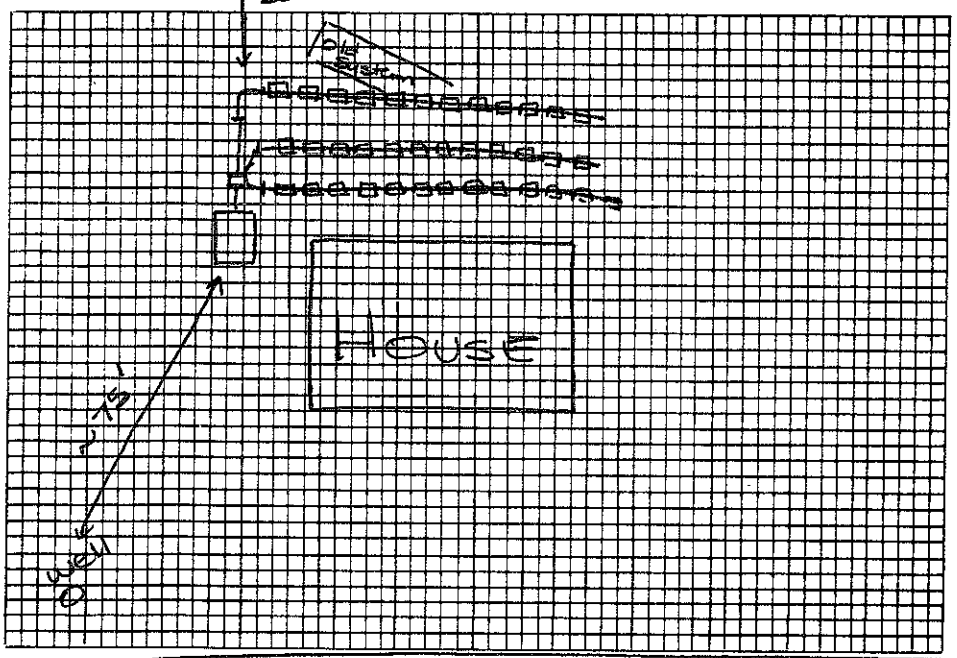
Percolation Rate .35 gpd/ft²

Topography 6%

Depth to Water Table 4'+

Rock or other impervious formations none observed

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Kemp ROAD Plot of System NOT TO SCALE

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 240' of
Depth of Stone in Lines 16" T & J panels

Water Supply: Individual (✓)
Public ( )

Installed by David Yountz

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

Signed: _____

IMPROVEMENTS PERMIT BY A.C.Q.

COMMENTS: Last line ran into old field for 1st part of last line. Old field is dry.

CERTIFICATE OF COMPLETION BY Andrew C. Pierce DATE 5/18/89

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