08540

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 9/16/88 PERMIT NO. 20B

PHONE: Business _____ Home _____

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

SUBDIVISION NAME C L and T LOT NO. 140 SECTION OR BLOCK NO. B

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 20000 ft²

Character & Porosity of Soil clayey

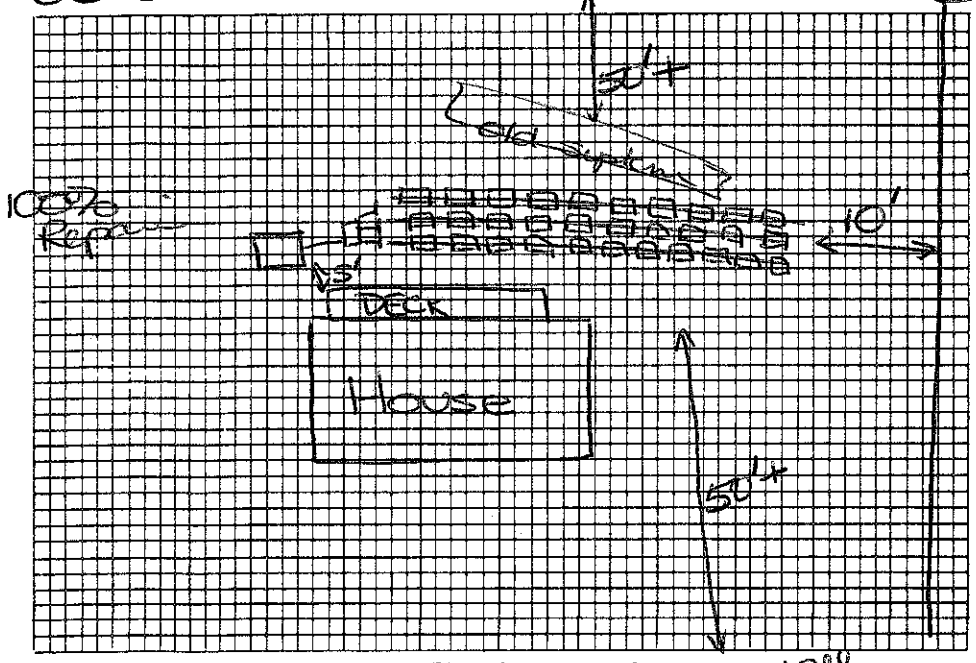
Percolation Rate .35gpd/ft²

Topography gdo

Depth to Water Table 4'+

Rock or other impervious formations none observed

Basement with Plumbing ___ Basement without Plumbing ___ No Basement ✓



Plot of System NTS.

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 330' of 16"

Depth of Stone in Lines T & J panel.

Water Supply: Individual (X)

Public ( )

Installed by _____

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

Signed: Mark Cook

IMPROVEMENTS PERMIT BY Andrea C Rice

COMMENTS: Install tank shallow. Panels should be shallow w/ 6"-8" cover. See information on panel system.

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