9412

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 Elijan J. Tyson DATE 2/10/89 ~~PERMIT NO.~~ Quad: 10B

PHONE: Business _____ Home 537-2590

LOCATION 1100 TR McKendrie TL 2nd Kemp ~.4mi On R.

SUBDIVISION NAME Crescent Land & Timber LOT NO. 153 (1631 Cland T) S. R. No. _____

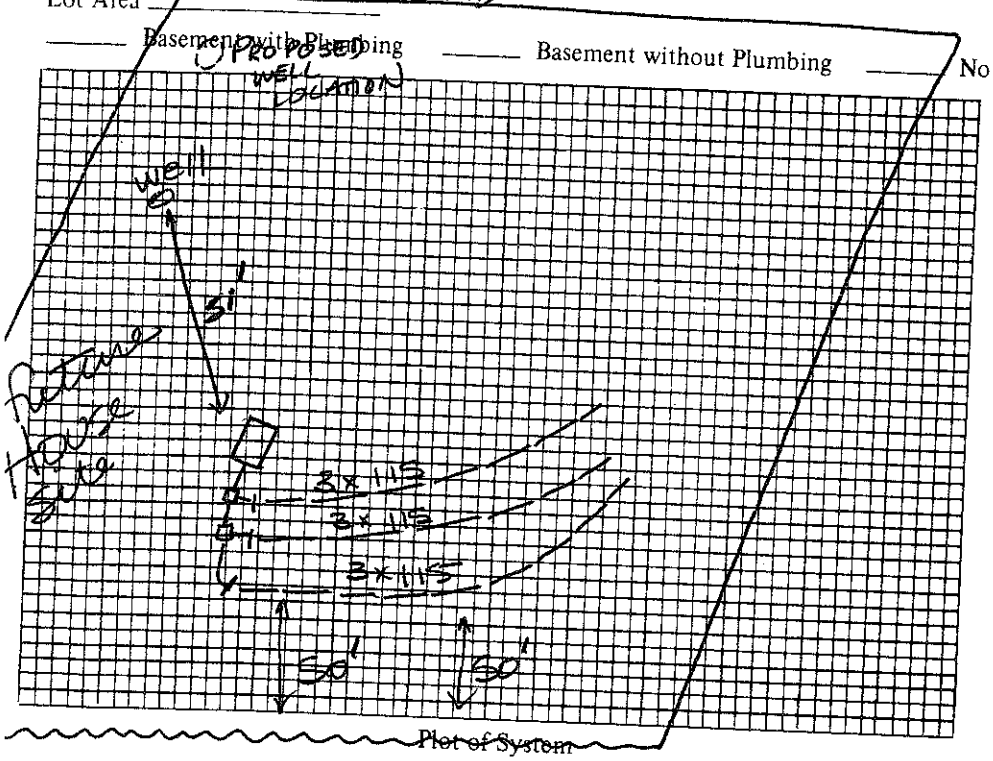
~~Future~~ Present House ( ) Mobile Home (✓) Business ( ) Other _____ SECTION OR BLOCK NO. Davidson 2F-3-A-153

No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clay
Percolation Rate .35
Topography Lvl
Depth to Water Table 41+
Rock or other impervious formations none observed

Lot Area _____



Plot of System

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Larry Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andre C. Quinn

EXISTING SYSTEM CHECKED BY: _____ DATE 2/10/89

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

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