12582

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 J. C. Masson DATE Aug 1, '91 PERMIT NO. 2F-3-A-149

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1445 (Kemp) ~1.8 miles on left S. R. No. _____

SUBDIVISION NAME Crescent Lake Norman LOT NO. 1635 SECTION OR BLOCK NO. 8

House (✓) Mobile Home ( ) Business ( ) Other Upgrading system to 3 bedroom capacity

No. Bedrooms 3 No. Bathrooms 2-3

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable PS Yes (✓) No ( )

Lot Area Existing

Character & Porosity of Soil _____

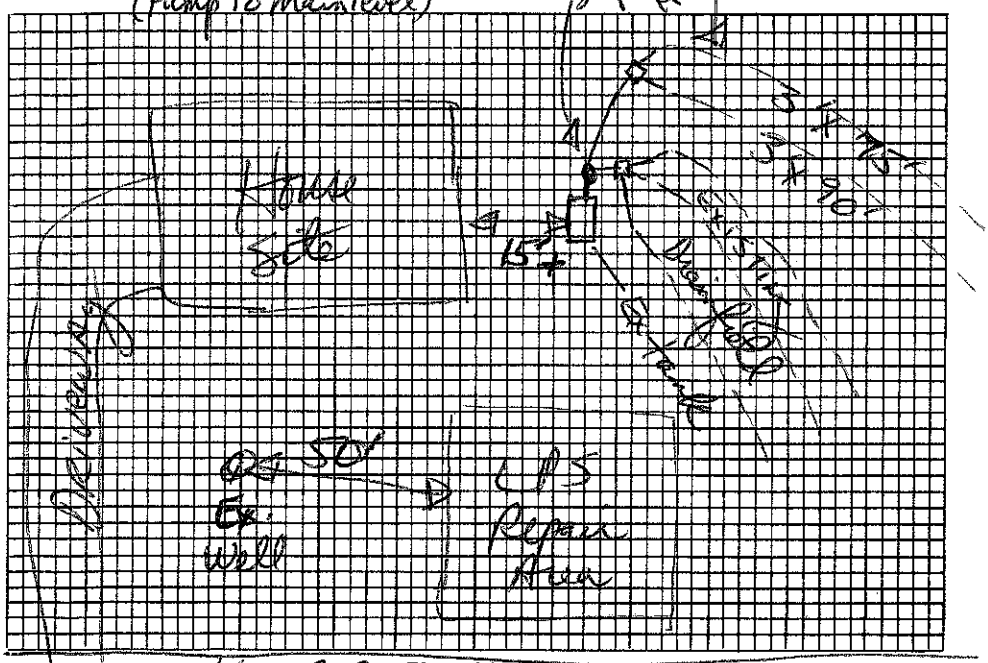
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing (Pump to main level) _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 495 Linear Ft. 165

Depth of Stone in Lines 12"

Water Supply: Individual (✓) Ex.

Public ( )

Lot Line

Installed by _____

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

Signed: X Larry Hoyle

IMPROVEMENTS PERMIT BY David R. Hinson

COMMENTS: Follow contour. 36" max trench bottom depth.

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