4627-41-2284

IREDELL COUNTY HEALTH DEPARTMENT

0967/ (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR James W. Creach DATE Sept 6 '90 PERMIT NO 2L-2-A-372

PHONE: Business _____ Home _____

LOCATION 1190 TR 1115 (McKendree) TR 1457 (High Circle) Bear left at forks 1/4-1/2 mile on left S. R. No. _____

SUBDIVISION NAME _____ CLOSE LOT NO. 372 SECTION OR BLOCK NO. 8

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

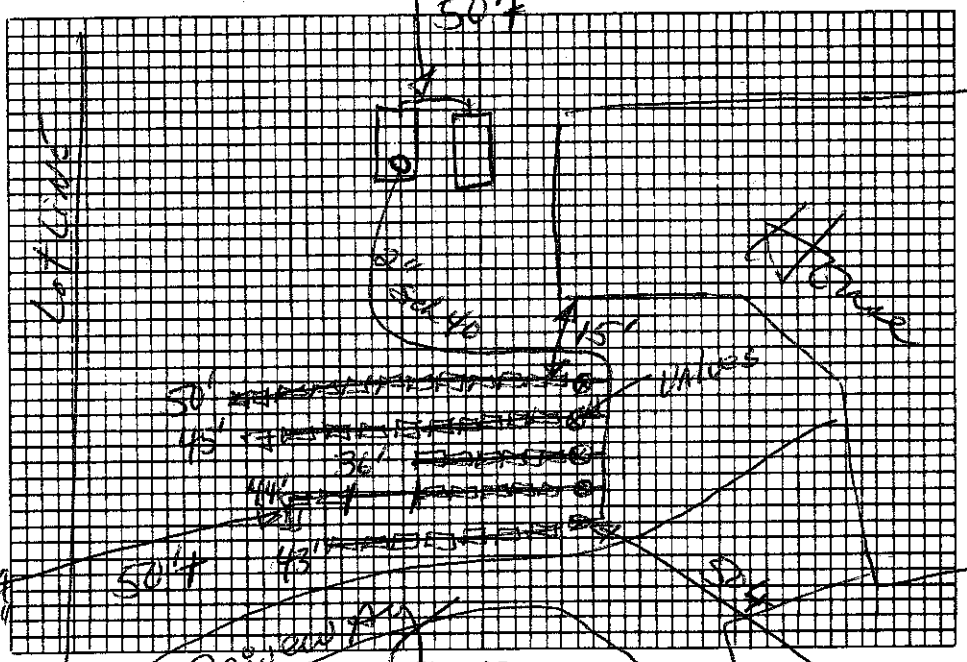
No. Bedrooms 3 No. Bathrooms 3

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

Character & Porosity of Soil shallow sand clay
Percolation Rate 2.3
Topography 15-25%
Depth to Water Table 3'+
Rock or other impervious formations numerous rock

Lot Area EXISTING 1000 p.f.

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. _____ Linear Ft. 218'5" / 145'0"
Depth of Stone in Lines 24"
Water Supply: Individual (✓) panels pressure dosed
Public ( )

Installed by FJ Ervin

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

Signed _____

IMPROVEMENTS PERMIT BY DRH High Circle

COMMENTS:
1250 pump tank not available.
Very little repair area remains because of filling and drainage modification.

~~CERTIFICATE OF COMPLETION BY~~ Operation permit DR Ervin REHS DATE 9-6-90

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