4627810049

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 Wallace Kreugar DATE 5-8-86 PERMIT NO. 256

PHONE: Business _____ Home _____

LOCATION 1100 TR 1178 Tl on Beaten Path go .3 mile past Honeysuckle Lane on R S. R. No. _____

SUBDIVISION NAME L.N. LOT NO. 30 SECTION OR BLOCK NO. 9

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

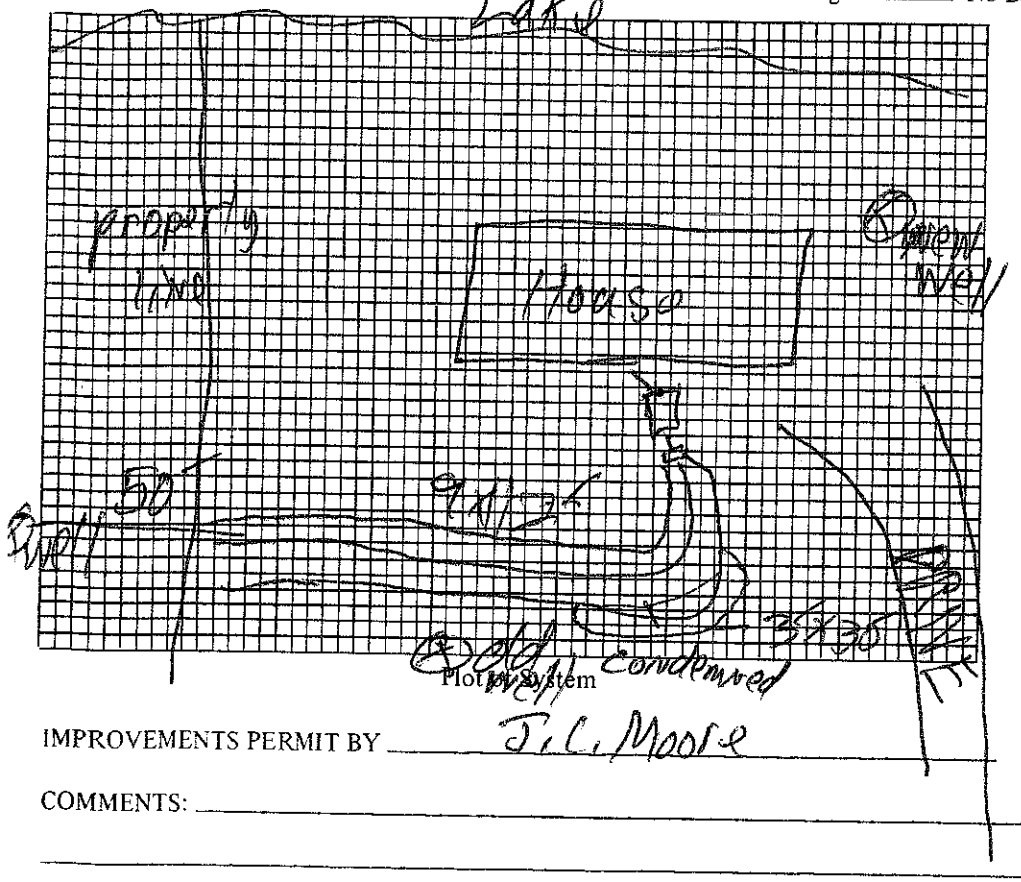
No. Bedrooms 3 No. Bathrooms 2½

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

Lot Area 20,000+/-

Character & Porosity of Soil: Clay loam
Percolation Rate: .5 gal/ft²/day
Topography: 2 to 6%
Depth to Water Table: 4'+
Rock or other impervious formations: none

_____ Basement with Plumbing ___1___ Basement without Plumbing ___/___ No Basement



Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles K. Bennett DATE 5-6-86

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