10:30

IREDELL COUNTY HEALTH DEPARTMENT

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

149

OWNER OR CONTRACTOR Wallace Kreugar DATE 4-10-86 PERMIT NO. 458

PHONE: Business _____ Home _____

LOCATION 1100 TR on @ 1178 TL on Beaten Path Past Honeysuckle Lane .3 mile on Rt. S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 30 SECTION OR BLOCK NO. 9

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

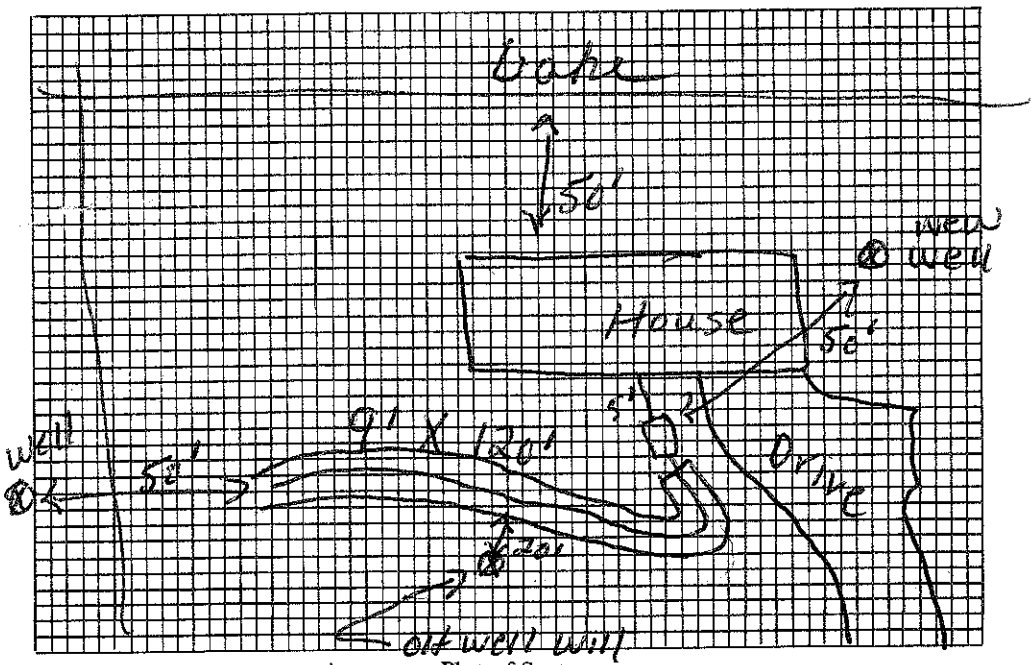
No. Bedrooms 3 No. Bathrooms 2 1/2

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

Character & Porosity of Soil clay loam
Percolation Rate .5
Topography 2 to 6%
Depth to Water Table 4' +
Rock or other impervious formations none

Lot Area 20,000 SF

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 9
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Place new well

Installed by _____

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

Signed: John C. Kerr
ABJ Const. Co.

Replaces Permit
Issued 8-23-85

N.C. NRCO Regulations have to be closed according to

IMPROVEMENTS PERMIT BY E. C. Moore

COMMENTS: Raise stub-out as high as possible

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