12071

PIN# 4636-95-9355

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 C J Simmons DATE 2/27/91 PERMIT NO. 2K-3-A-57

PHONE: Business _____ Home _____

LOCATION 1100 TL CANVASBACK TL 2ND WOODDUCK LOOP TR CRYSTAL BAY, TR MOONSTONE 3RD Lot on right S. R. No. _____

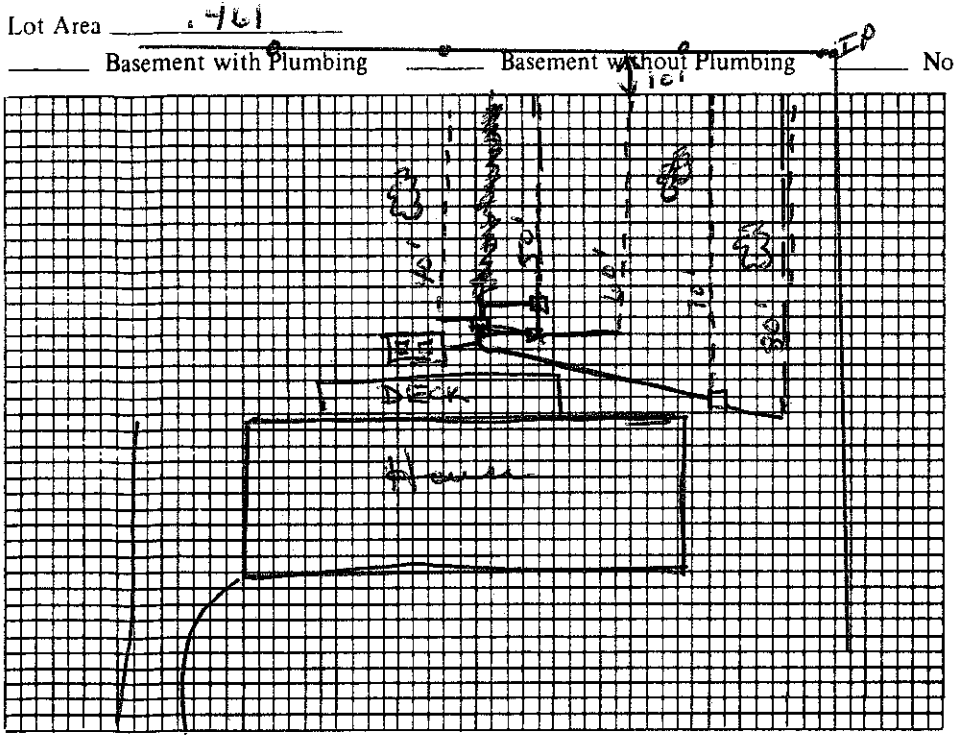
SUBDIVISION NAME CRYSTAL BAY LOT NO. 57 SECTION OR BLOCK NO. _____

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

No. Bedrooms	3	No. Bathrooms	2 1/2	Character & Porosity of Soil	PS clay
Garbage Disposal Unit	Yes (✓)	No ( )		Percolation Rate	.4
Auto. Dishwasher	Yes (✓)	No ( )		Topography	1-5%
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	>36"
Site Suitable	Yes (✓)	No ( )		Rock or other impervious formations	None observed

Lot Area .461

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Mike Leazer

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Flow Divider used on outlet line before any distribution lines. Trenches no deeper than 36".

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 2/27/91

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