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1208S

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 Gaylord May DATE June 6, '91 PERMIT NO 2L-5-A145

PHONE: Business _____ Home _____

LOCATION 1100 TR 1178 at end

S. R. No. _____

SUBDIVISION NAME Crescent LAKE NORMAN LOT NO. 145 SECTION OR BLOCK NO. 9

House (✓) Mobile Home ( ) Business ( ) Other Addn of 1 bedroom, baths, etc

No. Bedrooms w/Addn 4 No. Bathrooms 4

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes ( ) No ( )

Lot Area Existing SR1178

Character & Porosity of Soil PS clay

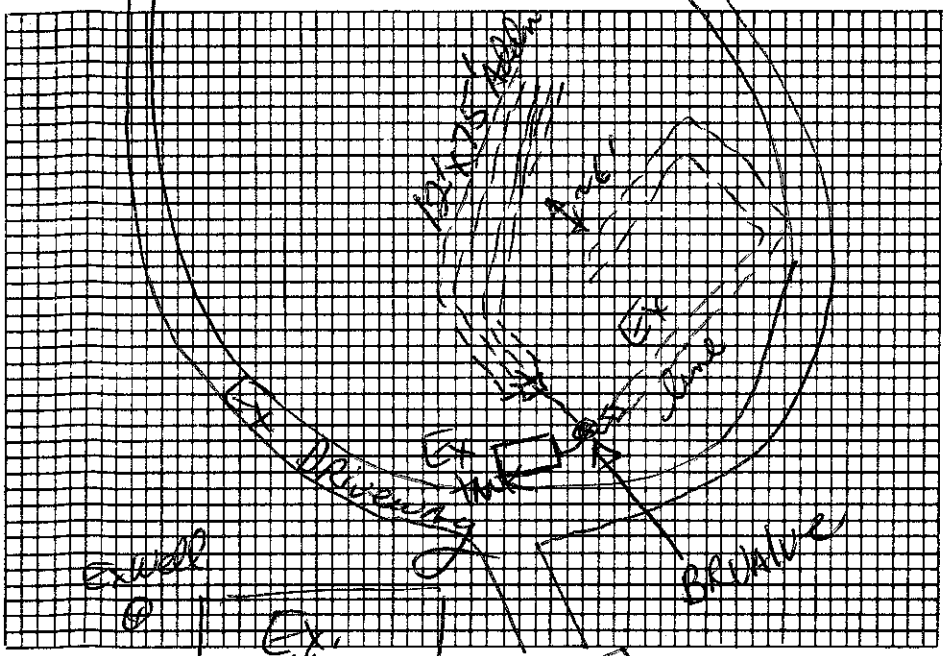
Percolation Rate 20 4

Topography Level

Depth to Water Table 4'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 12 x 25' Bed - 4 lines

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Mike Teague

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Addition

CERTIFICATE OF COMPLETION BY J R Hinson, RS, DATE 6-6-91

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