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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 Joseph Wayne Crisp DATE 6/89 ~~PERMIT NO.~~ 208

PHONE: Business _____ Home _____

LOCATION 150 W TL 1168 (McCrary) TL 1225 (Riverwood) 4th hse/lot on Rt. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

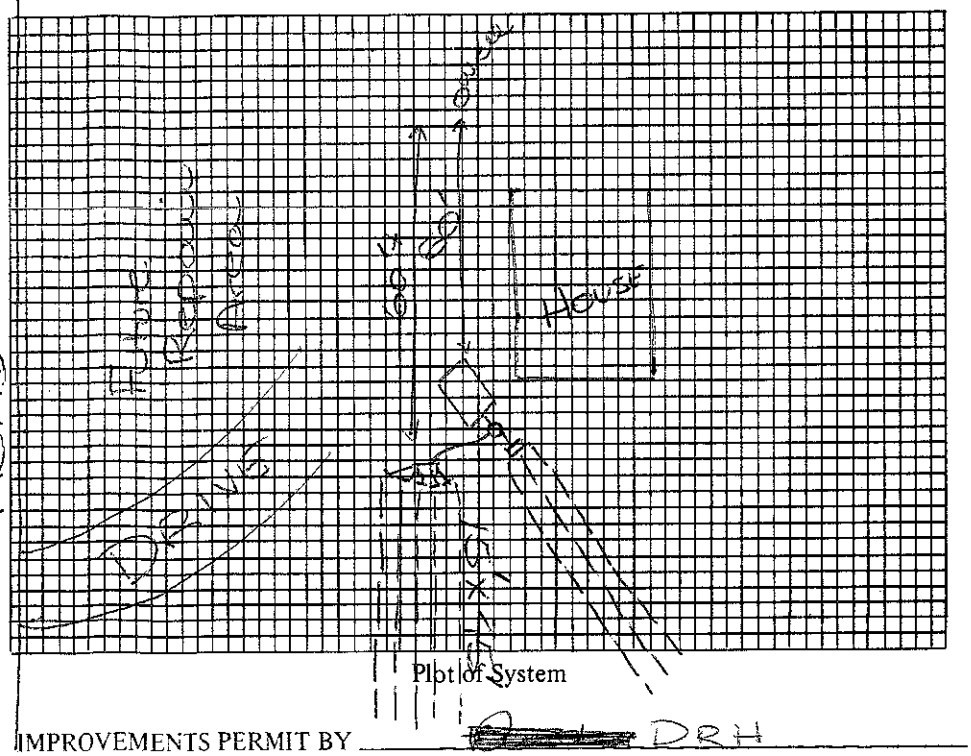
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil existing
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area _____

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Size of Tank existing Gals.
Nitrification Field:
No. of Lines existing
Sq. Ft. 675 Linear Ft. 225
Depth of Stone in Lines 16"+
Water Supply: Individual (✓)
Public ( )

Installed by Larry Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY [redacted] DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Queen, R.S. DATE 7/6/89

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

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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 Joseph Wayne Crisp DATE Oct. 14, '88 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION 150 W. TR 1168 (McCrary) TR 1225 (Riverwood)
4th lot on Rt. S. R. No. ______

SUBDIVISION NAME ______ LOT NO. ______ SECTION OR BLOCK NO. ______

House (✓) Mobile Home ( ) Business ( ) Other Replacing mobile home with house

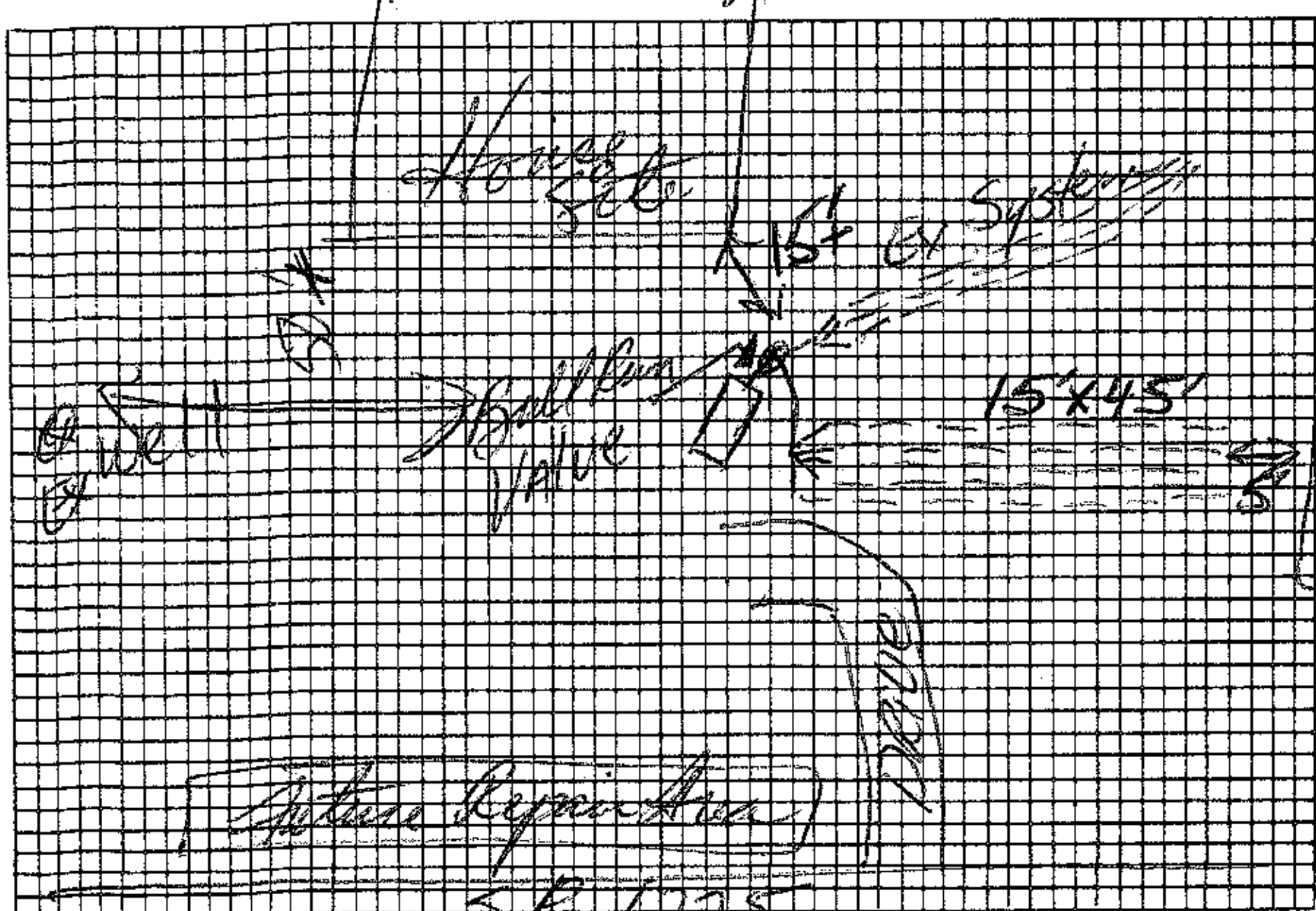
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil ______
Percolation Rate ______
Topography ______
Depth to Water Table ______
Rock or other impervious formations ______

Lot Area Existing 2 1/2 ac

______ Basement with Plumbing ✓ Basement without Plumbing (Partial) ______ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 15'x45'
Sq. Ft. 675 Linear Ft. 225
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by ______

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

Signed: x Jerry Barnett

IMPROVEMENTS PERMIT BY David R. Hunnicutt, RS.

COMMENTS: Set Bull Run Valve between tank and existing drainfield. Divert flow to new drainfield. Install no deeper than necessary.

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