IREDELL COUNTY HEALTH DEPARTMENT 4637267387 II

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

OWNER OR CONTRACTOR Ed Cramer, JR. DATE 5-4-83 PERMIT NO. 134

PHONE: Business _____ Home _____

LOCATION 150W TL 1168 TL 1277 TR 1278 Ahead

SUBDIVISION NAME Hidden Cove S. R. No. _____

LOT NO. 1 SECTION OR BLOCK NO. _____

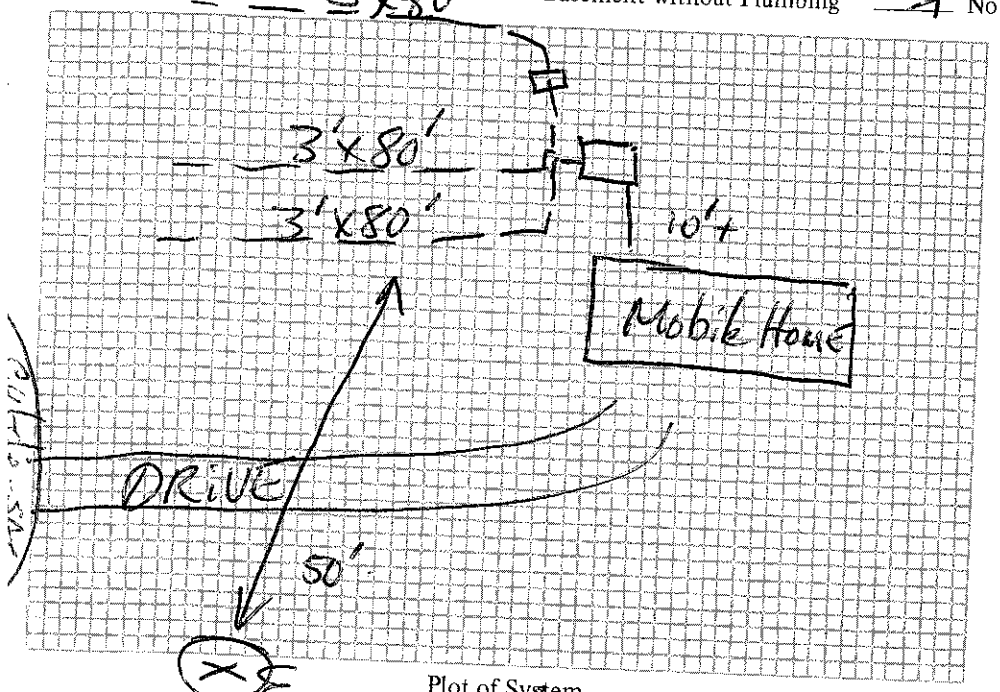
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay loam
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0.5 gal/sq ft/day
Auto. Wash. Machine	Yes (X)	No ( )	Topography	10-15%
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4+
			Rock or other impervious formations	Present

Lot Area 20,000 Ft²

_____ Basement with Plumbing 5'x80' Basement without Plumbing _____ X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240'
Depth of Stone in Lines 12

Water Supply: Individual (X)
Public ( )

Installed by Wayne Osbrion

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer

EXISTING SYSTEM CHECKED BY: _____ DATE 5-4-83

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