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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 Kevin Krug DATE 5-11-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W TR 1396 (Robinson Rd.) ~1/8 mile TR on the access road at end on left S. R. No. _____

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

House ( ) Mobile Home ( ) Business ( ) Others Shop - Storage

No. Bedrooms — No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes ( ) No (✓)

Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area 3 Ac (total)

Character & Porosity of Soil clay

Percolation Rate 2, 4

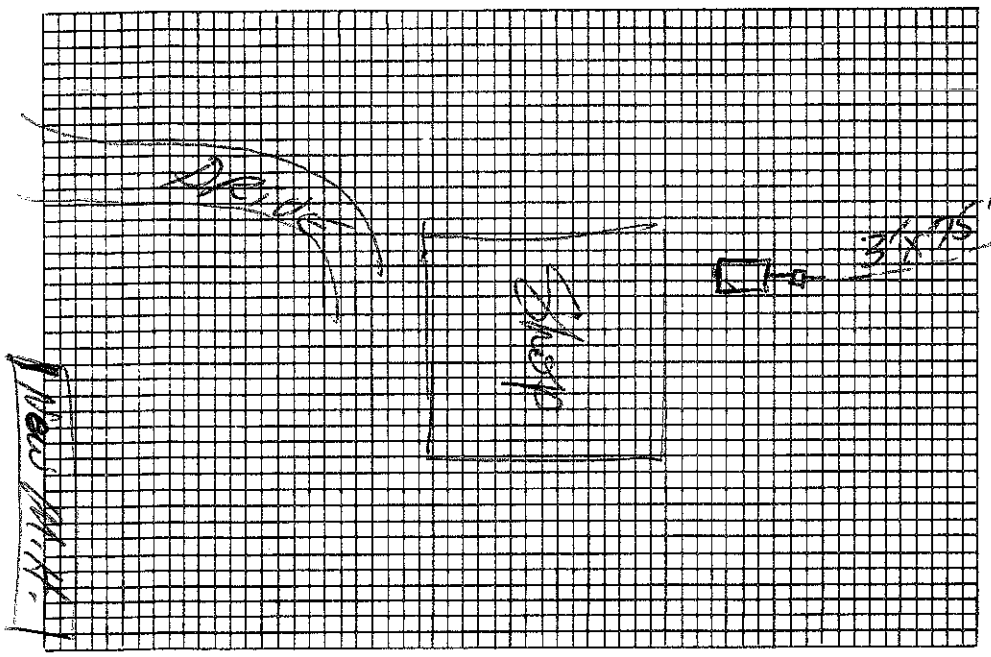
Topography Slo

Depth to Water Table 4'+

Rock or other impervious formations none obs.

EX MH

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 225 Linear Ft. 75

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 5-11-88

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

04275

# 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 Kevin M. Krug DATE 3/2/88 PERMIT NO. _____

PHONE: Business _____ Home 663-2799

LOCATION 150 W TR Robinson TR Access Rd. NOT AT END ON LEFT S. R. No. _____

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

House ( ) Mobile Home ( ) Business (Shop/Storage) Other (3 employees if every a business)

No. Bedrooms _____ No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes ( ) No (✓)

Site Suitable P.S. Yes (✓) No ( )

Lot Area 3 ACRES.

Character & Porosity of Soil clayey

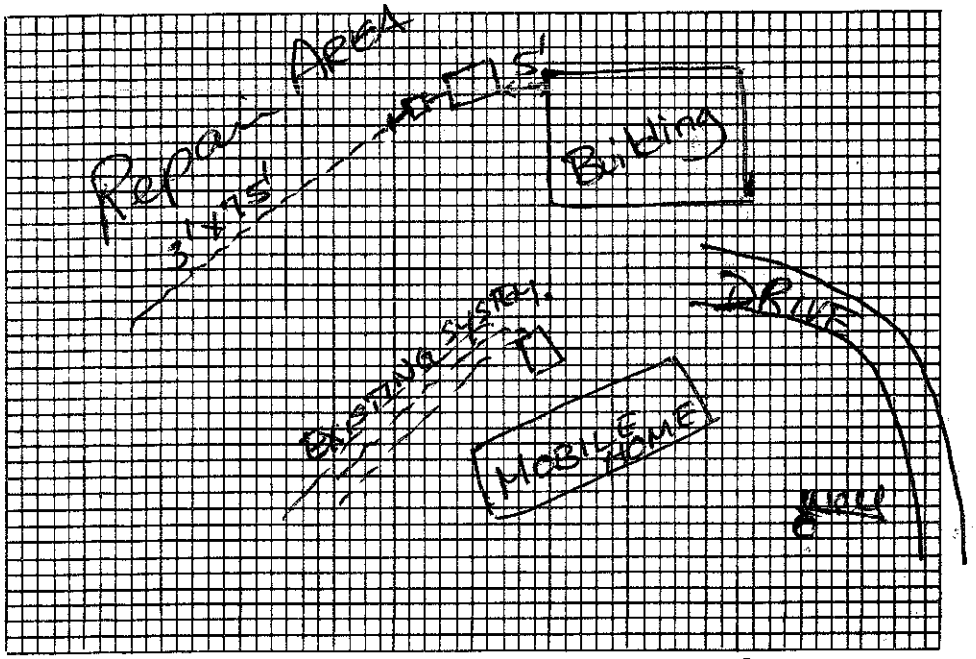
Percolation Rate 1" Appl 1/A 2

Topography 15%

Depth to Water Table 4'+

Rock or other impervious formations none observed

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System NOT TO SCALE

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 225 Linear Ft. 75

Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: Kevin Krug

IMPROVEMENTS PERMIT BY _____

COMMENTS: SET TANK AT LOWEST LEVEL OF BUILDING. RUN NITRIFICATION LINE ON CONTOUR and SHALLOW.

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