06551

# 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 Jerry Grindstaff DATE Aug 25, '89 PERMIT NO. 25-3-A-60

PHONE: Business _____ Home _____

LOCATION 1303 N. TL Stumpy Creek TL Collinswood at end on Right

S. R. No. _____

SUBDIVISION NAME CLAT CAKE NORMAN LOT NO. 1053 SECTION OR BLOCK NO. 14

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

No. Bedrooms 2-3 No. Bathrooms 1-2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes ( ) No ( )

Lot Area 3/4 Acre

Character & Porosity of Soil clay

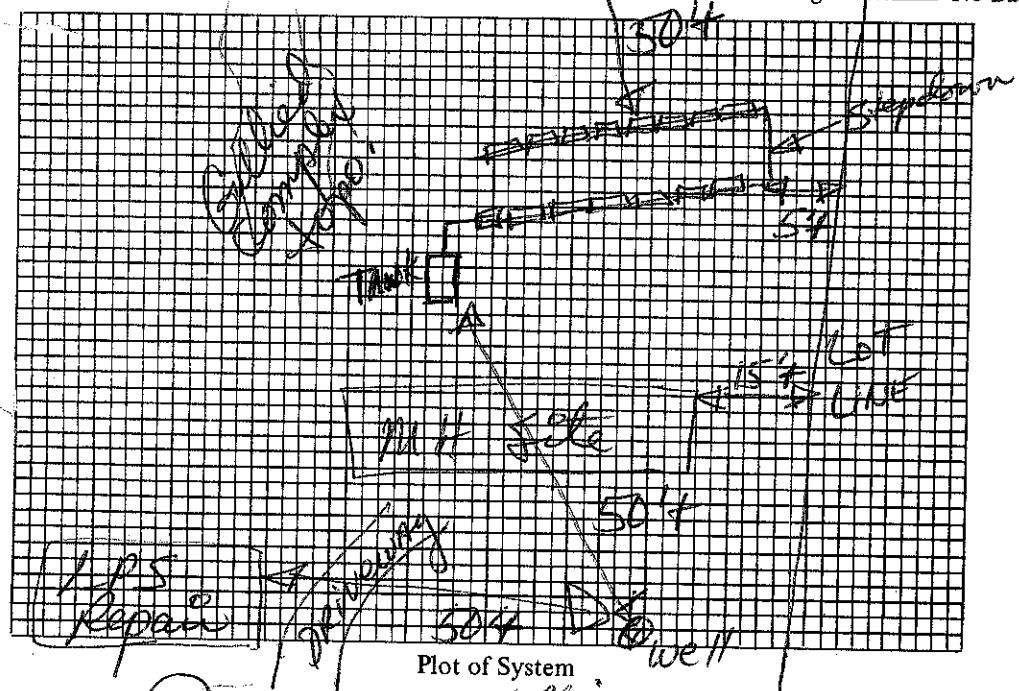
Percolation Rate 4

Topography rolling

Depth to Water Table 4ft

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. _____ Linear Ft. 150'

Depth of Stone in Lines 16" Tops

Water Supply: Individual (✓) panels

Public ( ) G.F.

Installed by J. F. Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY DEH Collinswood

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature], R.S. DATE 8-25-89

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