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#551

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 LAKE NORMAN LOT NO. 1053 SECTION OR BLOCK NO. 14

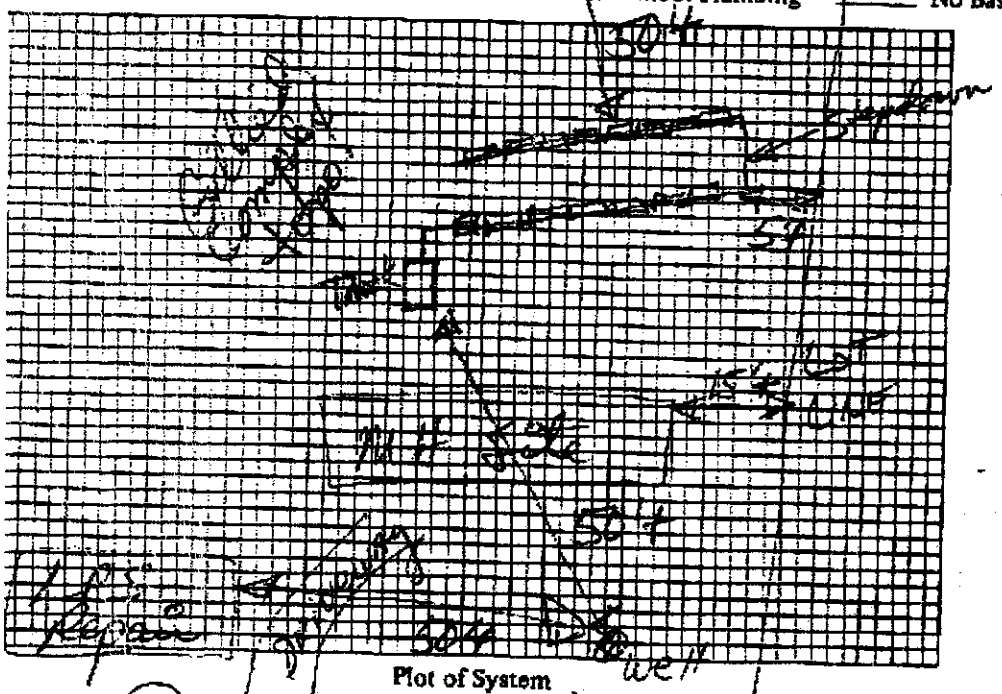
House ( ) Mobile Home (✓) Business ( ) Other _____

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 25%
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" T&B

Water Supply: Individual (✓) panels
Public ( ) G.F.

Installed by J. L. Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY DLH Collinswood

COMMENTS: _____

CERTIFICATE OF COMPLETION BY W. Johnson, RS 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