IREDELL COUNTY HEALTH DEPARTMENT 4645-40-4261

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

OWNER OR CONTRACTOR William Crowell DATE 7-30-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 (Langtree Rd.) TR 3rd drive 2nd house on Rt X I77 TL 1205 (Meck Lynn Rd) S. R. No. _____

SUBDIVISION NAME GRAGER LOT NO. 3 SECTION OR BLOCK NO. _____

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

No. Bedrooms EXISTING No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	tight clay
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	2-40
Auto. Wash. Machine	Yes ( )	No ( )	Topography	4+
Site Suitable	Yes ( )	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area Existing Lot 6 INC

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Size of Tank Existing Gals. (1250 1000 gal pump tank)

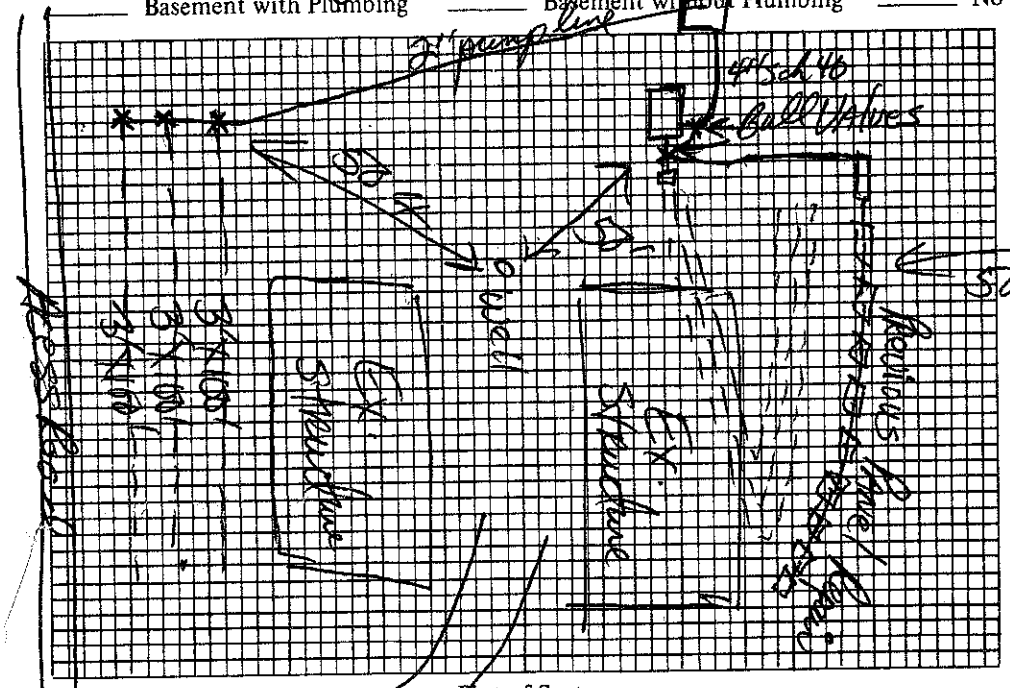
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by J.P. Bowles

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

Signed: _____



Plot of System

1289 1833

IMPROVEMENTS PERMIT BY DRH

COMMENTS: New tee set in side of existing tank with Ball Valve set in between it and pump tank. Other side of this ball valve blocked off so when valve shut to pump tank, flow will go thru original outlet To Meck Lynn Road

CERTIFICATE OF COMPLETION BY DR Lyons R.S. DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE 7-30-87

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