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 William Crowell DATE 5-8-87 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 115S. TR 1102 (Longtree) X I77 TR Meck Lyman Rd. TR 3rd drive (⅛-¼ mile) at end on Rt S. R. No. ____

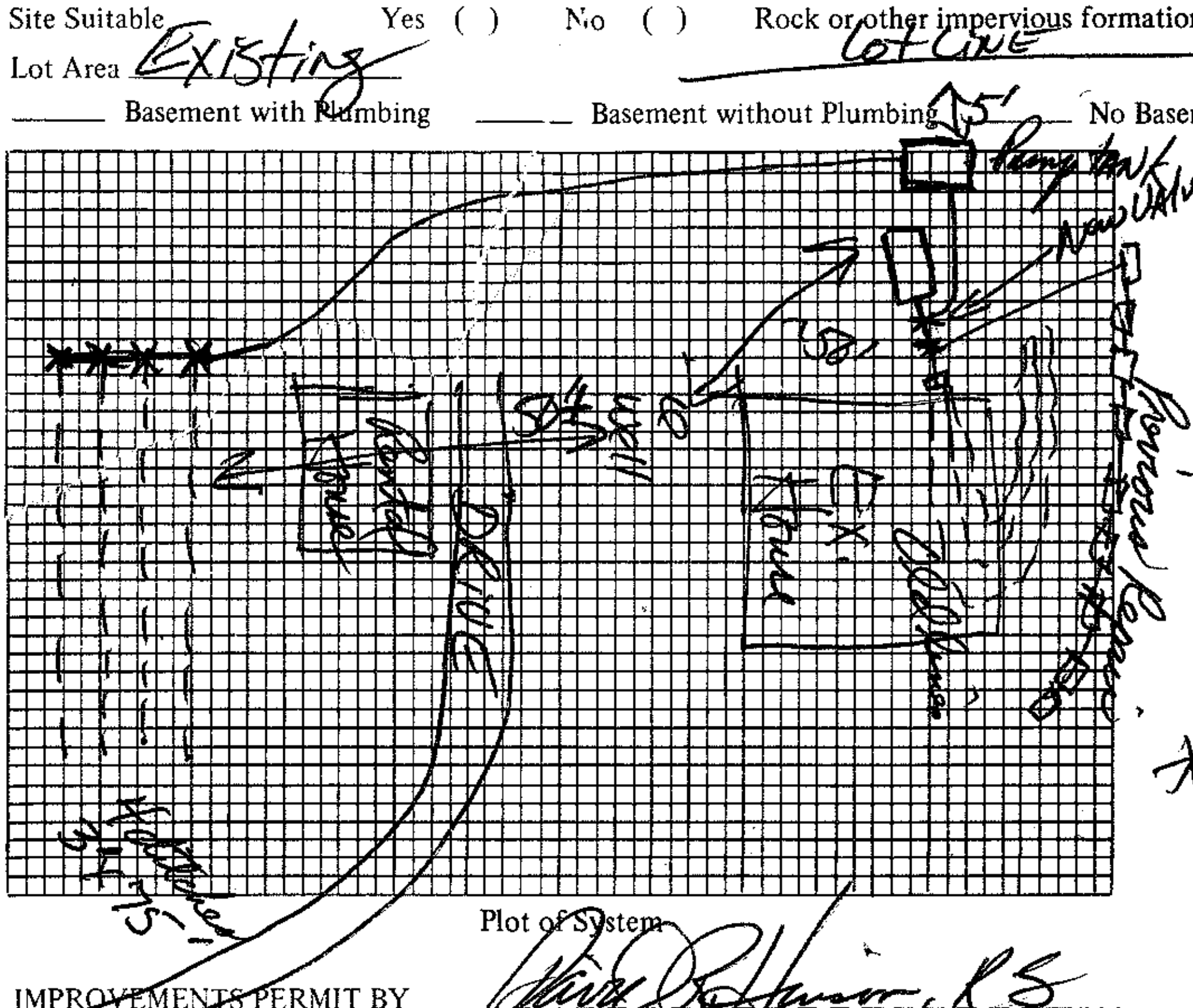
SUBDIVISION NAME ____ LOT NO. ____ SECTION OR BLOCK NO. ____

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

No. Bedrooms ____ No. Bathrooms ____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area EXISTING

Character & Porosity of Soil clay
Percolation Rate 2.1
Topography 2-6%
Depth to Water Table 3'+
Rock or other impervious formations clay content % increase with depth to approx 36"

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Size of Tank 1250 gal pump tank Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 6" ✱
Water Supply: Individual (✓)
Public ( )

Installed by ____

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

✱Signed: William I Crowell

Set new Bull Run Valve as shown.

Plot of System

IMPROVEMENTS PERMIT BY [signature], RS

COMMENTS: Install drainfield no deeper than 12", Use 6" stone depth and 6" natural cover. Mound over lines with excess dirt. Pressure dose repair field using a ball valve at head of each ditch with a 3/16" hole drilled every 5 feet.

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