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 C. W. BREWER DATE 2/5/88 PERMIT NO. _____

PHONE: Business 663-4669 Home _____

LOCATION 1100 TL CANVASBACK (1179) TL 2nd Woodduck Lp. past TOPAZ PL.
TR 1264 CRYSTAL CIRCLE TR 1st Road. Lot on L. S. R. No. _____

SUBDIVISION NAME CRYSTAL BAY LOT NO. 46 SECTION OR BLOCK NO. _____

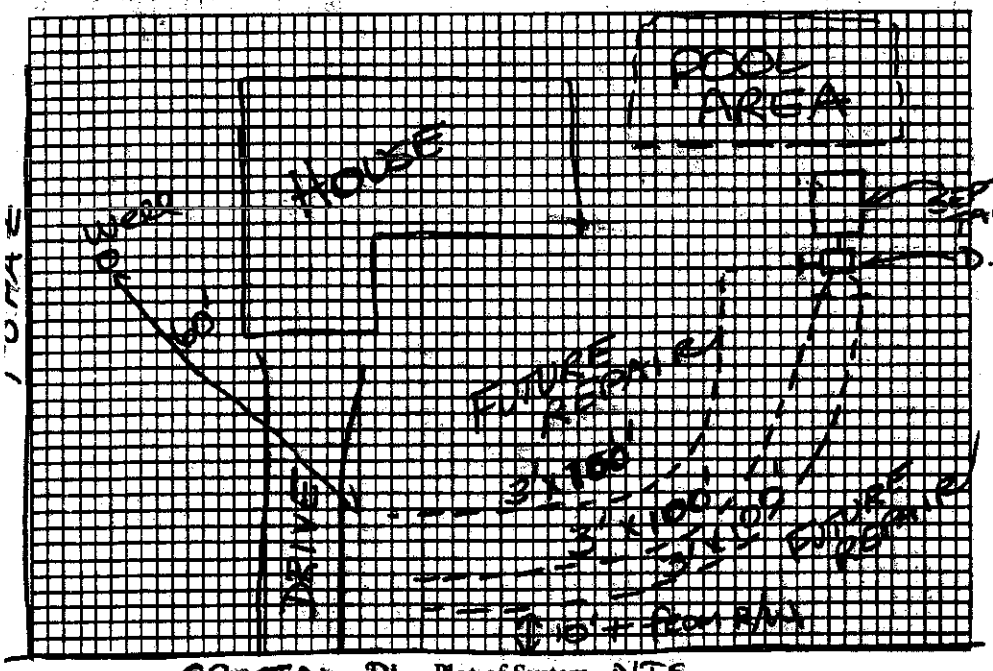
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2 1/2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clayey
Percolation Rate ~.4 gpd/ft²
Topography 4 - 6%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area ~1 1/2 ACRE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



CRYSTAL PL. Plot of System NTS.

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by WAYNE ORBISON

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

Signed: _____

IMPROVEMENTS PERMIT BY A.C.P., S.I.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrie C. Pierce DATE 2/5/88

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