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 Carter Blake DATE 8-4-76 PERMIT NO. 204

PHONE: Business _____ Home _____

LOCATION 1100 Tl on 1179 Then Tl on 1207 1st on right S. R. No. _____

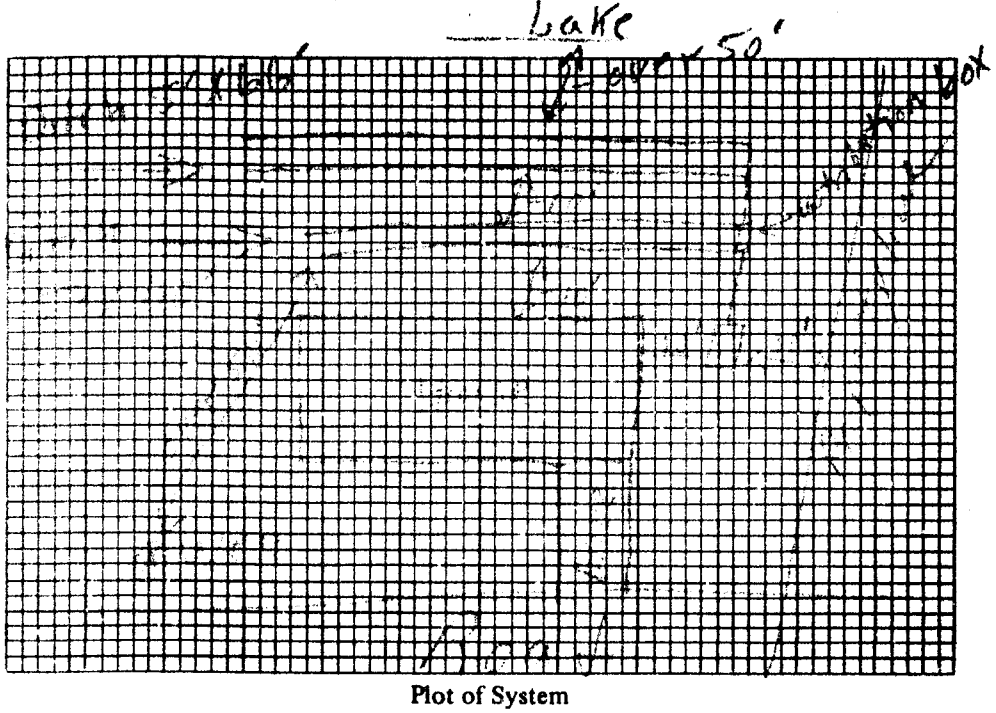
SUBDIVISION NAME Crystal Bay LOT NO. 7 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay loam Porosity Fair
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	Soil borings
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	25% Slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+
			Rock or other impervious formations	none

Lot Area 1 acre



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: 5

No. of Lines 2 lines each 125'

Sq. Ft. 625 Linear Ft. 250

Depth of Stone in Lines 16"

Water Supply: Individual (✓)
Public ( )

Installed by Bill Bowman

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 8-4-76

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold