4646-05-5416

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 Thomas Miller DATE 10-3a-05 PERMIT NO. _____

PHONE: Business _____ Home 663-3115

LOCATION 1109 Rt on 1109 Th. first TR on. 1st Rt first on left S. R. No. _____

SUBDIVISION NAME Crystal Bay LOT NO. 10 SECTION OR BLOCK NO. _____

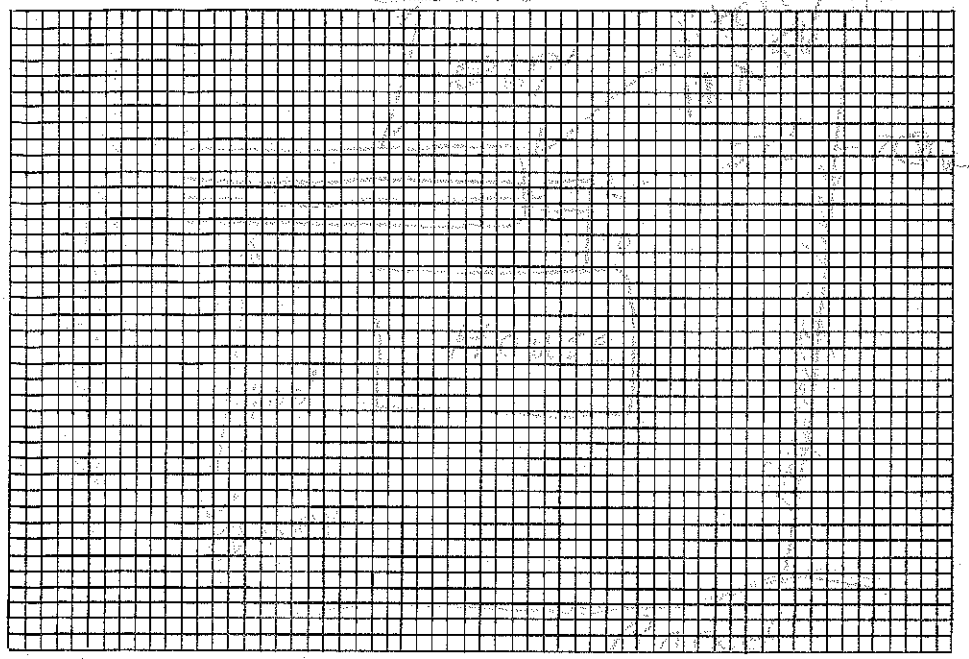
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Lot Area 1 acre

Character & Porosity of Soil Sandy Clay loam (Porosity good)
Percolation Rate 2 mpi
Topography Rolling to hilly
Depth to Water Table 48"
Rock or other impervious formations None



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 225 Linear Ft. 250
Depth of Stone in Lines 24"
Water Supply: Individual (✓)
Public ( )

Installed by F.T. Ervin

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 10-30-05

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