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 David Teal DATE 9-14-84 PERMIT NO. 325

PHONE: Business _____ Home _____

LOCATION 1100 TL 1179 TR 1207 (2nd) ½ mile ON R

S. R. No. _____

SUBDIVISION NAME Crystal Bay LOT NO. 4 SECTION OR BLOCK NO. _____

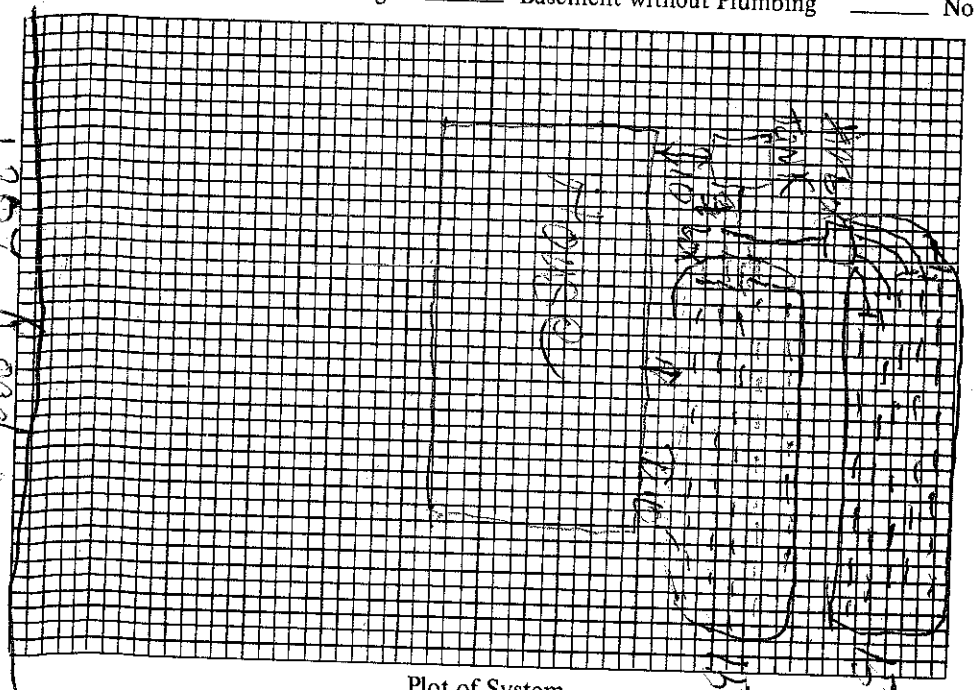
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	clay loam
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	0.5 gal/ft²/day
Auto. Wash. Machine	Yes ( )	No ( )	Topography	2-8%
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4'
			~~Rock or other impervious formations~~	None observed

Lot Area 26,000 ft²

X Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by F. J. Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles K. Barnett DATE 9-14-84

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