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 Bill T. Council DATE 3-21-11 PERMIT NO. 53

PHONE: Business _____ Home _____

LOCATION 1100 Tw on 1179 (mi. T.L. on Rock Hill next right 1/2 mi on left

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

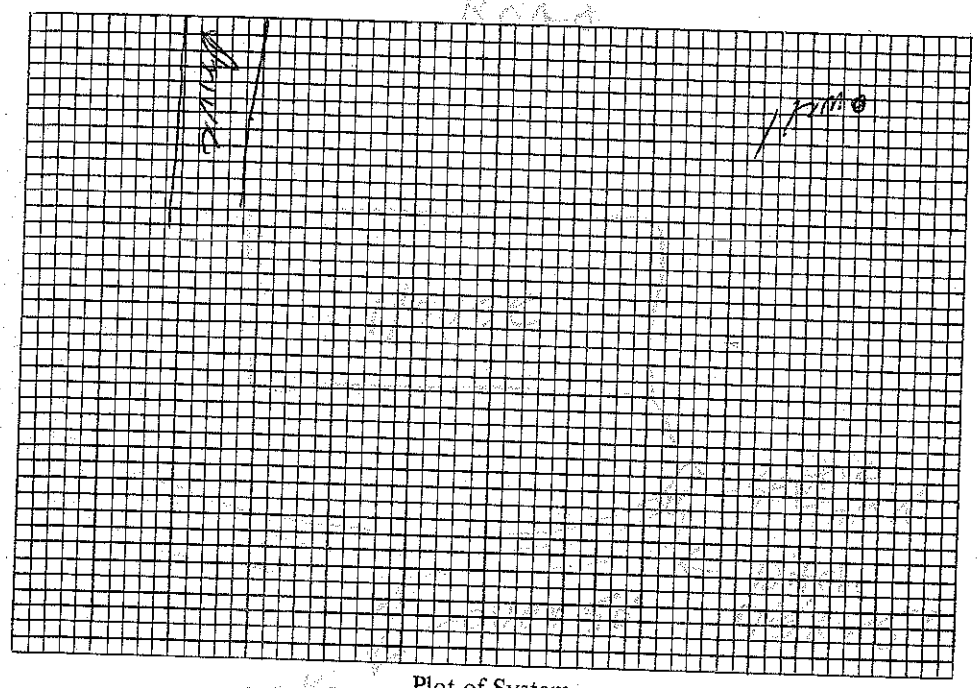
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1½

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

Lot Area 21,600 Sq. ft.

Character & Porosity of Soil Clay loam (Porosity good)
Percolation Rate 25 min/inch
Topography Gentle slope to lake
Depth to Water Table 18"
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 450 Linear Ft. 375
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public ( )
Well not located on this inspection

Installed by Hancock Grading

IMPROVEMENTS PERMIT BY T. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY T. C. Moore DATE 3-22-11

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