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 ~~O.~~ J. E. Connell DATE 3-26-74 PERMIT NO. 53

PHONE: Business _____ Home _____

LOCATION 1100 TL on 1179 1mi TL on road ¼ next right ¼ mi on left S. R. No. _____

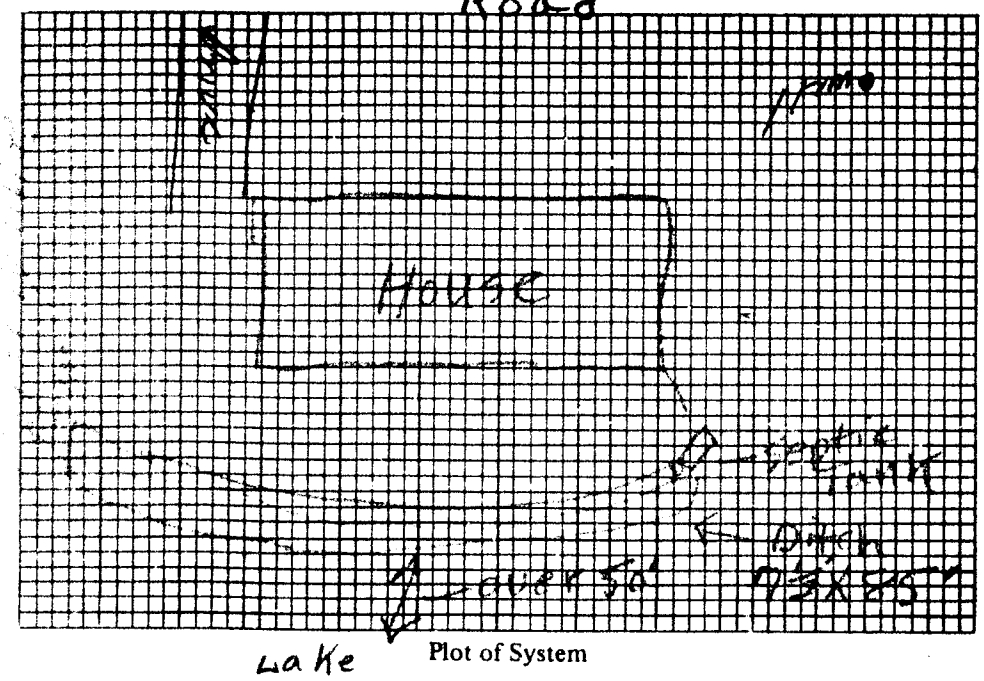
SUBDIVISION NAME Crystal Bay LOT NO. 4 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay loam (Porosity good)
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	32 min/inch
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Gentle slope to lake
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10+
			Rock or other impervious formations	None

Lot Area 20,000 ~~Sq Feet~~



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 630 Linear Ft. 255
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )
well not located at this inspection

Installed by Honeycutt Orbison

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 3-26-74

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