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 Howard L. Crotts DATE 10-5-82 PERMIT NO. 322

PHONE: Business _____ Home _____

LOCATION 1102 to 1179 to 1207 ½ mile on Rt.

_____ S. R. No. _____

SUBDIVISION NAME Lakeside Farms LOT NO. 21 SECTION OR BLOCK NO. _____

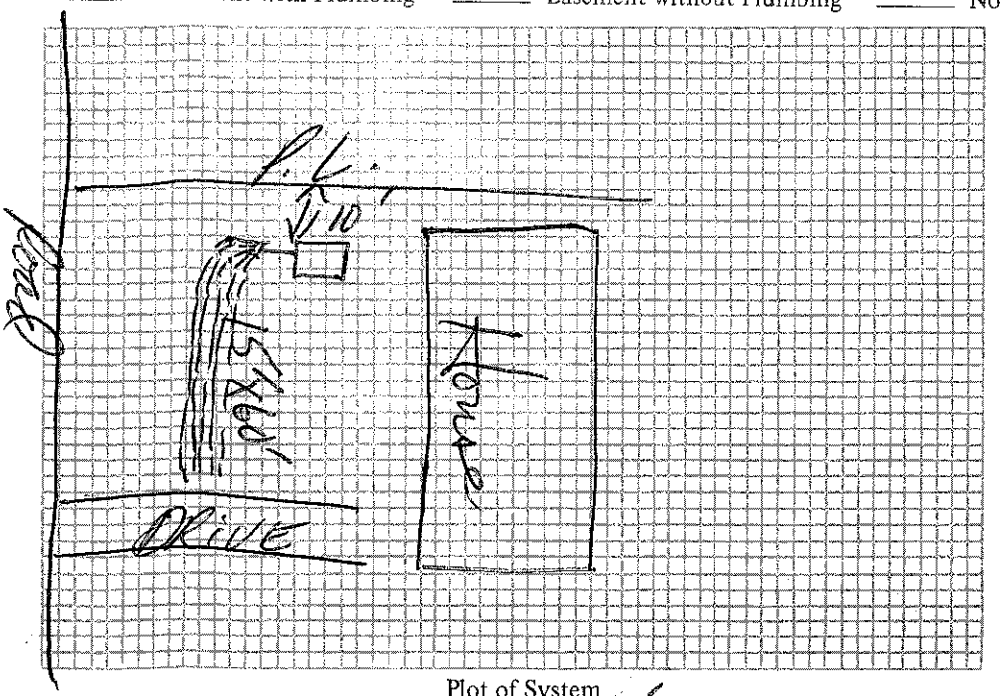
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay Loam
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	6 Approx.
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Level
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4 ft
			Rock or other impervious formations	none obs.

Lot Area ~18000 ft²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (~~X~~)
Public (✓)
Community Well

Installed by Hamrick Sep. Tk. Boiling Springs

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

Signed: _____

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hunsucker DATE 10-5-82

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