9591

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

4646140730

OWNER OR CONTRACTOR Brenda Arcuri DATE 8/24/89 PERMIT NO ~~2K-3-A-32~~

PHONE: Business _____ Home ~~64~~ - 3825 - Buddy Goforth

LOCATION 1100 TL Canvasback TL 2nd Woodduck TR Crystal Circle On Left S. R. No. _____

SUBDIVISION NAME Crystal Bay LOT NO. 32 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clayey
Percolation Rate .39gal/ft²
Topography 6" 10%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area 20,000 (future)

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement Pump Tank: 1250 gals

~~Size of Tank~~ 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. ____ Linear Ft. 195' of
Depth of Stone in Lines 16" T

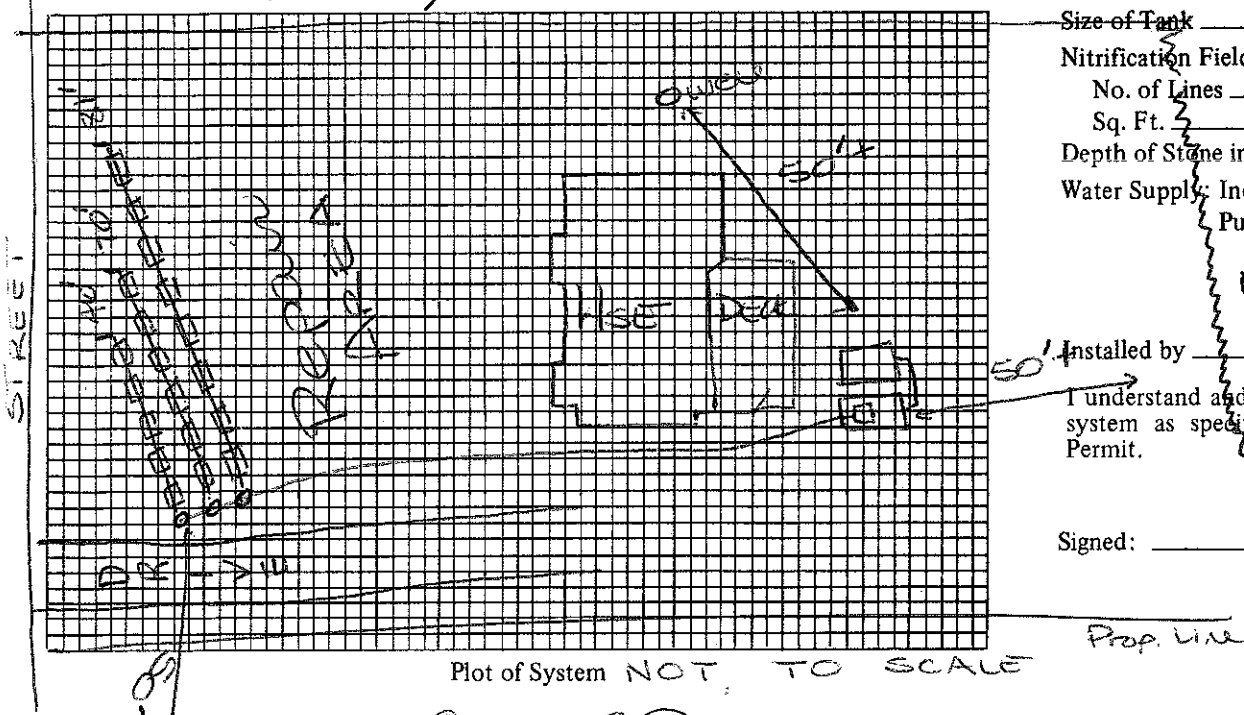
Water Supply: Individual (✓)
Public ( )

Lake Norman

Installed by Mike Hagan

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

Signed: _____



Plot of System NOT TO SCALE

IMPROVEMENTS PERMIT BY Andre C Pierce

COMMENTS: Ecm

CERTIFICATE OF COMPLETION BY Andre C. Pierce, R.S DATE 8/24/89

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