IREDELL COUNTY HEALTH DEPARTMENT 4646-15-1285

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Mady Construction DATE 11-13-84 PERMIT NO. 413

PHONE: Business ____ Home ____

LOCATION 1100 TL 1179 TL on 2nd Wood duck loop ~~TR~~ ½ mile TR on Crystal Bay ¾ mile before curve on left S. R. No. ____

SUBDIVISION NAME Crystal Bay LOT NO. 24 SECTION OR BLOCK NO. ____

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

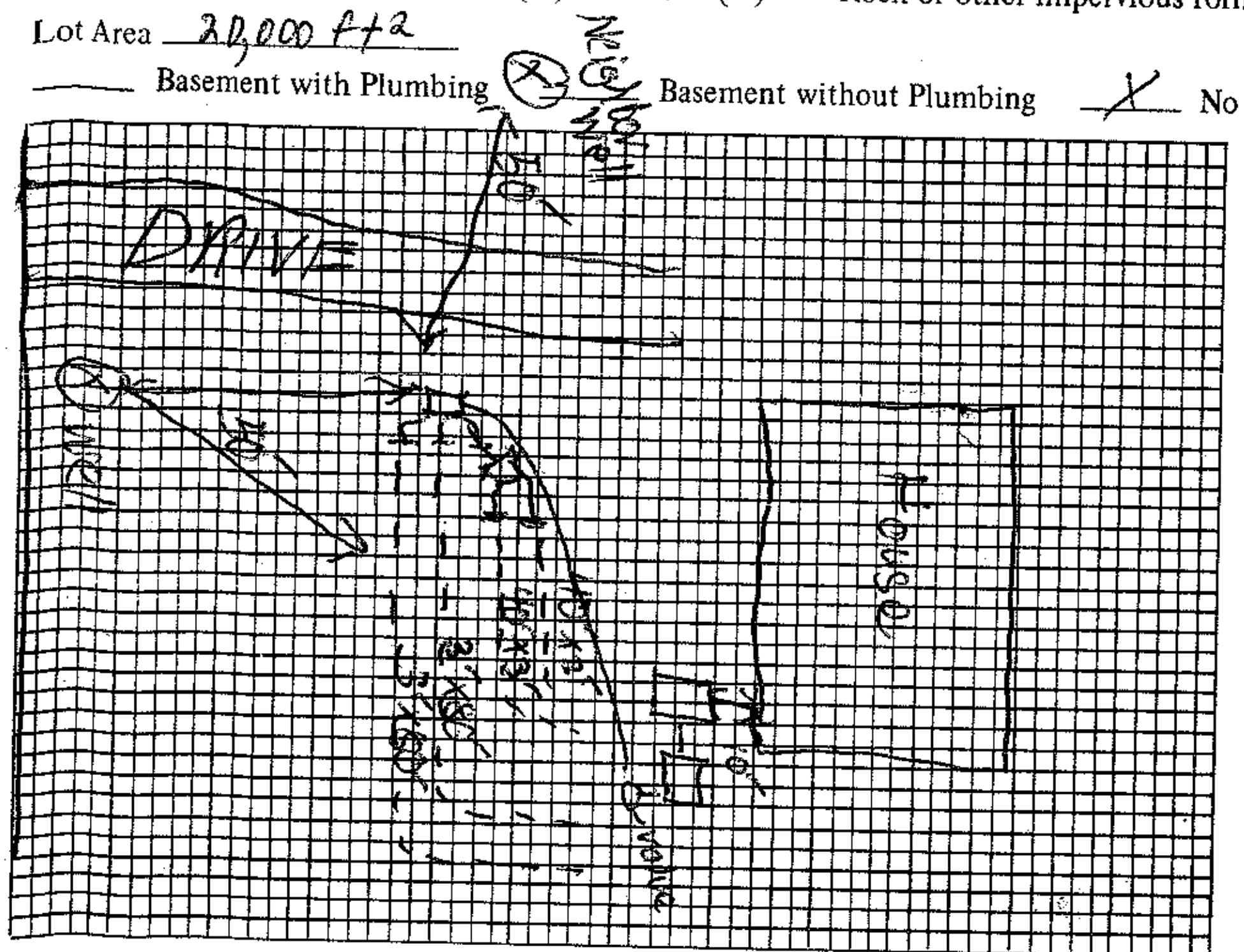
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clay loam
Percolation Rate 0.5 gal/ft2/day
Topography 2-8% slope
Depth to Water Table 4'
Rock or other impervious formations None observed

Lot Area 20,000 ft2

____ Basement with Plumbing ____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field: 1000 gal pump tank
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by Mayhew

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

Signed: ____

IMPROVEMENTS PERMIT BY ____

COMMENTS: ____

(check pump)

CERTIFICATE OF COMPLETION BY Charles R. Barnett & Fred Clemmer DATE 11-13-84

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