~~10:00~~ 2 PM

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 ~~Paul Phipps~~ Mady Construction DATE 7-9-84 PERMIT NO. 184

PHONE: Business _____ Home _____

LOCATION 1100 TL 1179 TL 1207 (Wood duck loop 2nd ½ mile TR Crystal Bay ¾ mile before curve on left S. R. No. _____

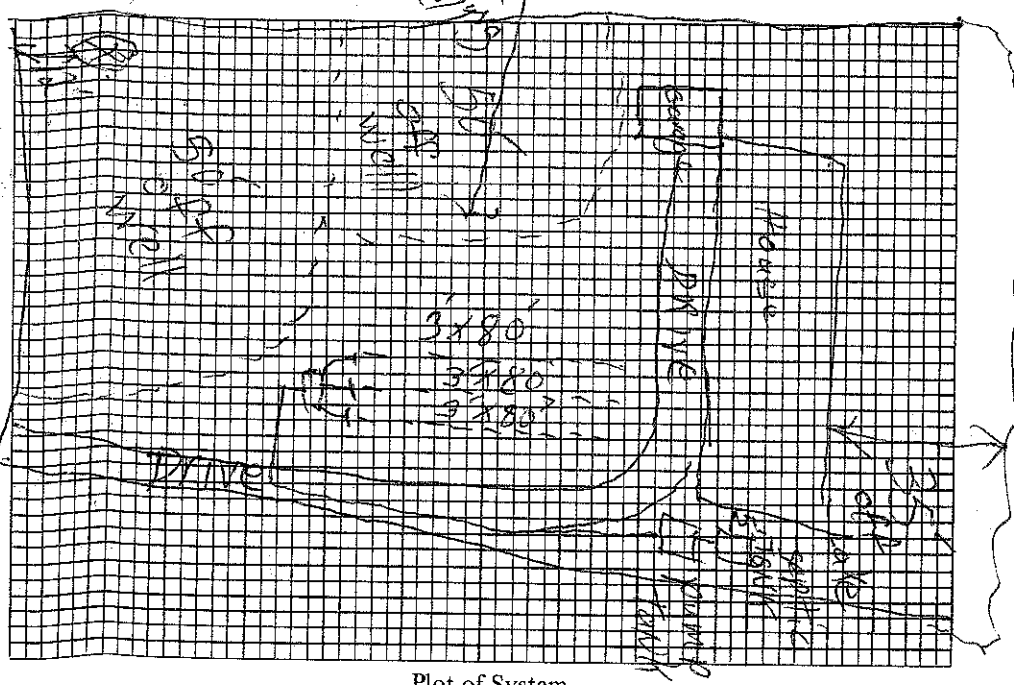
SUBDIVISION NAME Crystal Bay LOT NO. 24 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	clay loam	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0.5 gal/ft²/day	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2-8% slope	
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4'	
			Rock or other impervious formations	None observed	

Lot Area 20,000 ft²



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual ~~(X)~~
Public ( )

Installed by Lacy

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

Signed: * Paul Phipps

IMPROVEMENTS PERMIT BY Charles K. Barnett & O.K. Bayda S.R.S.

COMMENTS: max trench 2 ft with step downs

CERTIFICATE OF COMPLETION BY _____ DATE _____

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