IREDELL COUNTY HEALTH DEPARTMENT 4646-15-2072

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

OWNER OR CONTRACTOR Dean Knight DATE 10-2-84 PERMIT NO. 356

PHONE: Business _____ Home _____

LOCATION 1100 TL 1179 TL 1209 (Wood duck) TR 1264 (Crystal Circle) about ½ mile on left

SUBDIVISION NAME Crystal Bay LOT NO. 27 SECTION OR BLOCK NO. _____ S. R. No. _____

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

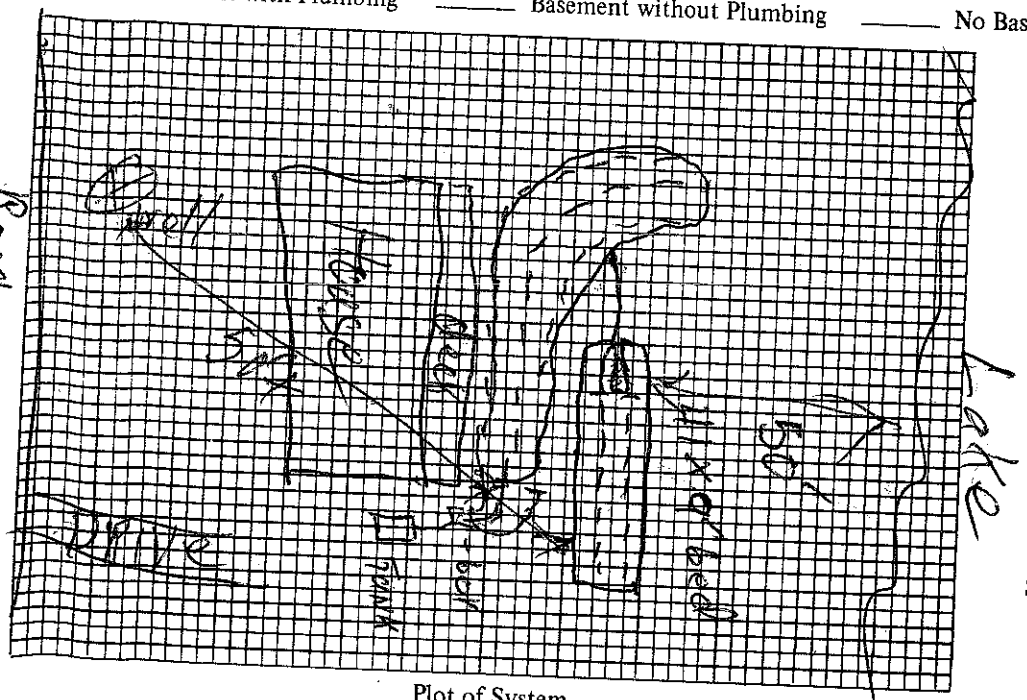
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area _____

Character & Porosity of Soil Clay loam
Percolation Rate 0.5 gal/ft²/day
Topography _____
Depth to Water Table _____
Rock or other impervious formations Existing

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. ~~360~~ Linear Ft. 120
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by E. J. Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: had shorten bed because malfunction was futher up

CERTIFICATE OF COMPLETION BY Charles K. Barnett DATE 10-1-84

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