114 Thistlestop Ln

4646-91-8043

IREDELL COUNTY HEALTH DEPARTMENT

13263 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR James K Reid DATE 10/18/91 PERMIT NO. 2-H-4-B-3

PHONE: Business _____ Home 663-4130

LOCATION Cross Rail Rd; 1155 TR Cross Rail ~1400' on (L) to rear on drive, Double Wide on (R) S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 3 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other ✓ Double Wide

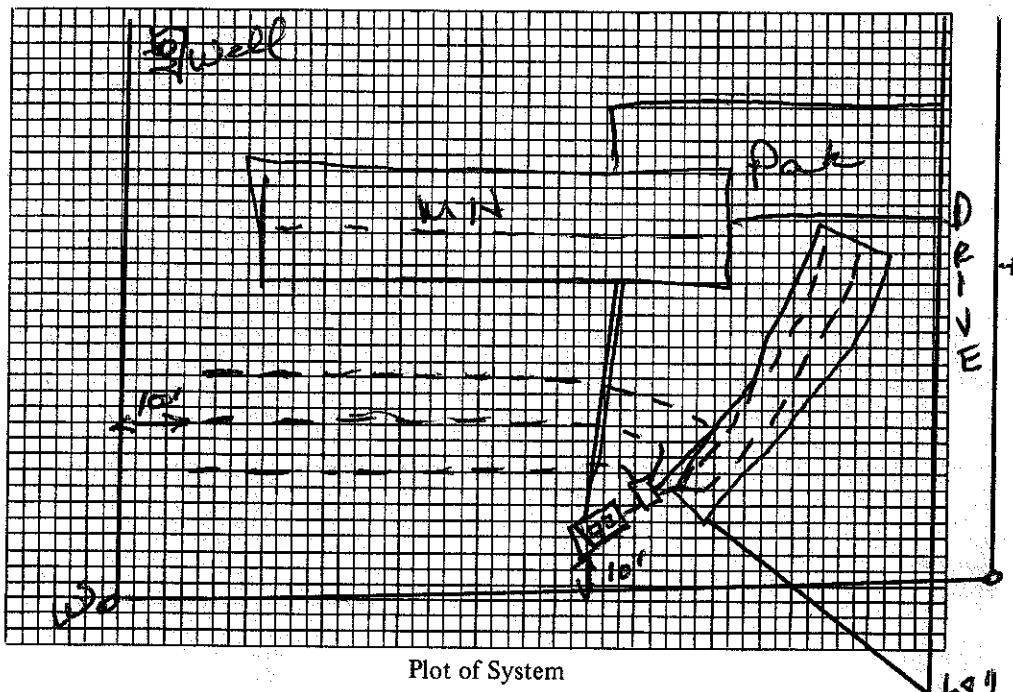
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil P - c + tions w/ sand) sf
Percolation Rate 13
Topography 3-5% to
Depth to Water Table >48"
Rock or other impervious formations None found

Lot Area 20,000 FT²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )
+ in 300SF bed existing / Total FT² / 750
Installed by Ken Pearson

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: New Sentry T installed, old 500 FT² bed salvaged.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 10/16/91

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