12893

4647-10-8370

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 Darryl & Linda Craig DATE July 15, '91 PERMIT NO. 2K-22-B-66

PHONE: Business _____ Home _____

LOCATION 1100 TL into Farmstead on left

S. R. No. _____

SUBDIVISION NAME Farmstead LOT NO. 66 SECTION OR BLOCK NO. 2

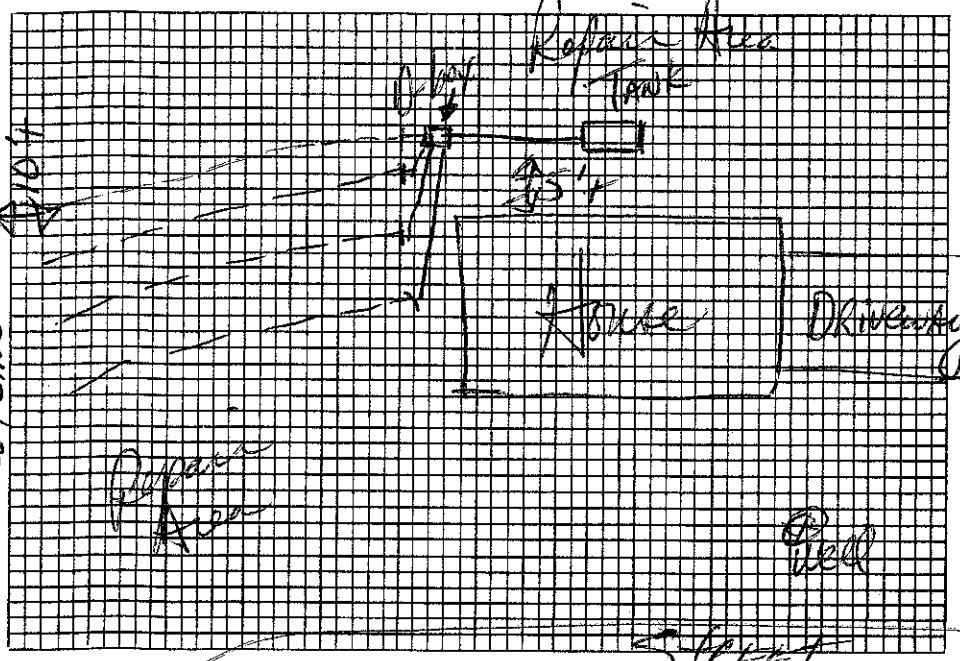
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil		SC clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate		2-4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography		2-4%
Site ~~Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table		4'
			Rock or other impervious formations		none obs.

Lot Area .864 LOT LINE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by J R Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY DK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Wesley Sparks & David Hinson DATE July 12, '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