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 Hoke Crider Jr DATE 6/22/77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy # 90 above Loray. T.L. into Carol Lynn Acres Bear R. at Circle. House on Rt. S. R. No. _____

SUBDIVISION NAME Carol-Lynn acres LOT NO. 5 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 155 X 155

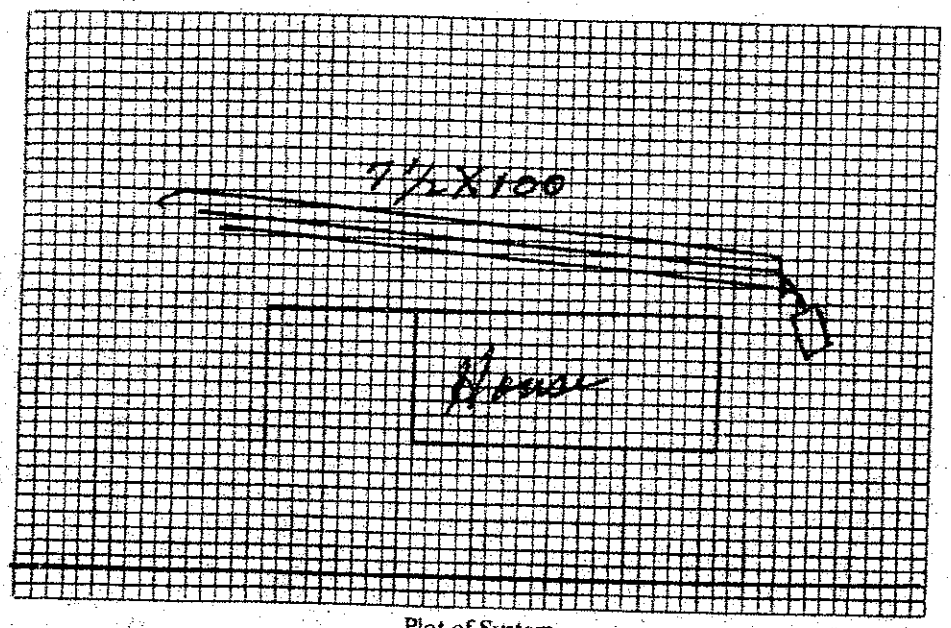
Character & Porosity of Soil Cecil Clay

Percolation Rate _____

Topography Slope to stream

Depth to Water Table Low

Rock or other impervious formations None



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 750 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by Donald Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: All surface water needs to be diverted away from septic tank + lines

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 6/22/77

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold