41502

IREDELL COUNTY HEALTH DEPARTMENT

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

13527
OWNER OR CONTRACTOR CRANDALL & O'BRIEN CONST DATE 11/6/91 PERMIT NO. 6K-20-A-10

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR MONTICELLO RD, TL MILLER FARM RD, ON (L) JUST BEFORE KATE LN. S. R. No. _____

SUBDIVISION NAME SUNNYDALE LOT NO. 10 SECTION OR BLOCK NO. I

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

No. Bedrooms 3 No. Bathrooms 2½

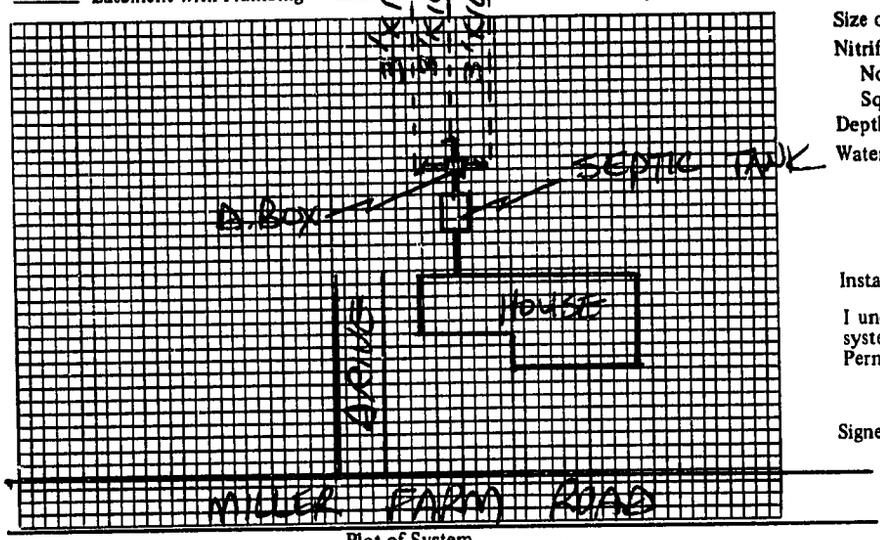
Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area 120 x 250

Character & Porosity of Soil PS
Percolation Rate 4 GPD / FT²
Topography 4-6% CS
Depth to Water Table >4'
Rock or other impervious formations NONE

ACP 4/19/91

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by A-1 BACKHOE

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 11/6/91

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