IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION 40657

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

13142

OWNER OR CONTRACTOR CRANDALL & O'BRIEN CONST DATE 8/29/91 PERMIT NO. 9A8-A-31

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL SCOTTS CREEK RD, 2ND LOT ON (R) PAST BOWMAN RD S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ 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 ( )

Character & Porosity of Soil PS

Percolation Rate 4 GPD / FT²

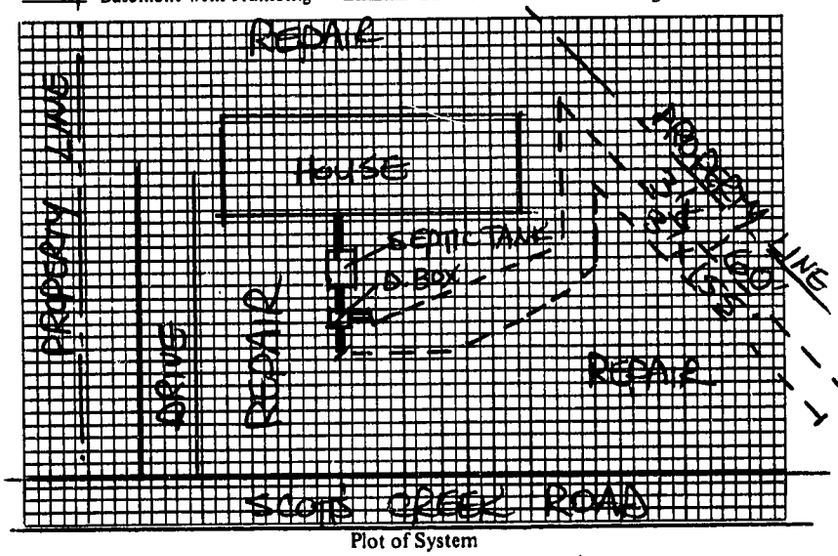
Topography 4-6% HS

Depth to Water Table >4'

Rock or other impervious formations NONE

Lot Area ~0.37 AC

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement ACP 7/10/91



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 945 Linear Ft. 315

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 8/29/91

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