IREDELL COUNTY HEALTH DEPARTMENT

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

REPAIR

OWNER OR CONTRACTOR TOM CRANKSHAW DATE 11/5/90 PERMIT NO. REPAIR

PHONE: Business 878-5711 Home 876-3208

LOCATION NC 115 N, TR PERSIMMON 1ST DRIVEWAY ON (R) S. R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

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

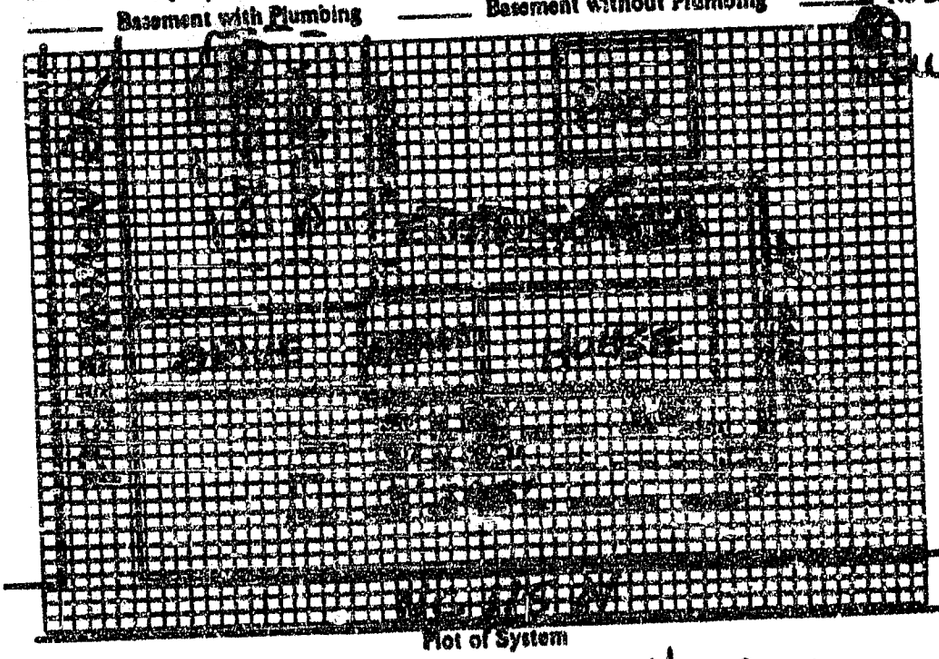
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil
Percolation Rate
Topography
Depth to Water Table
Rock or other impervious formations EXISTING

Lot Area AMPLE

___ Basement with Plumbing ___ Basement without Plumbing ___ No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 675 Linear Ft. 225
Depth of Stone in Lines 18"

Water Supply: Individual (✓) WELL
Public ( )

Installed by JAMES HADACER

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 11/8/90

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