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 David Crouse DATE May 10, '78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Jennings Rd N. T L on Friendship Ch. Rd (SR 1896) S. R. N. _____
~ .2 mi on Rt.

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

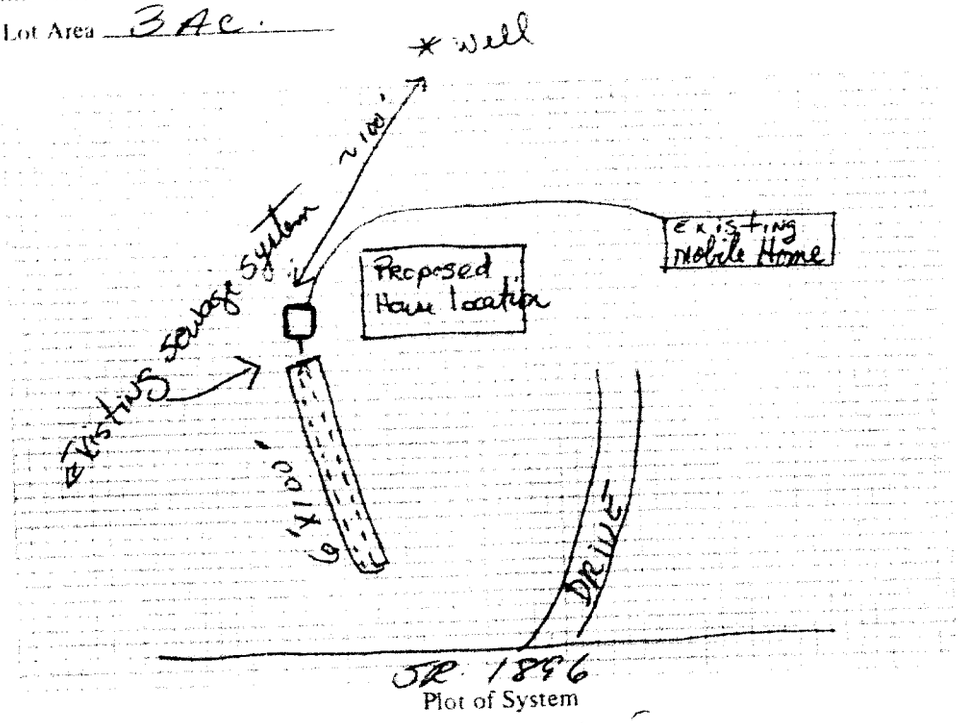
House (+) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½

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

Character & Porosity of Soil Cecil clay loam
Percolation Rate _____
Topography 2-6%
Depth to Water Table sunk.
Rock or other impervious formations sunk.

Lot Area 3 Ac.



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 16" +
Water Supply: Individual (+)
Public ( )

Installed by Alexander Plumbing
1 Septic Tank

IMPROVEMENTS PERMIT BY A R Hinson

COMMENTS: Inspection of existing system revealed no sewage surfacing at time of inspection. Mobile Home to be moved off lot once House is completed.

CERTIFICATE OF COMPLETION BY A R Hinson DATE May 10, '78

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