City

# 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 Dr. Keith Crouch DATE 07-23-84 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 70E TR on Barkley Rd E., round curve to Right then 400' on left.

SUBDIVISION NAME ____ S. R. No. ____ LOT NO. ____ SECTION OR BLOCK NO. ____

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

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 1.7 acre

Character & Porosity of Soil Class IV clay

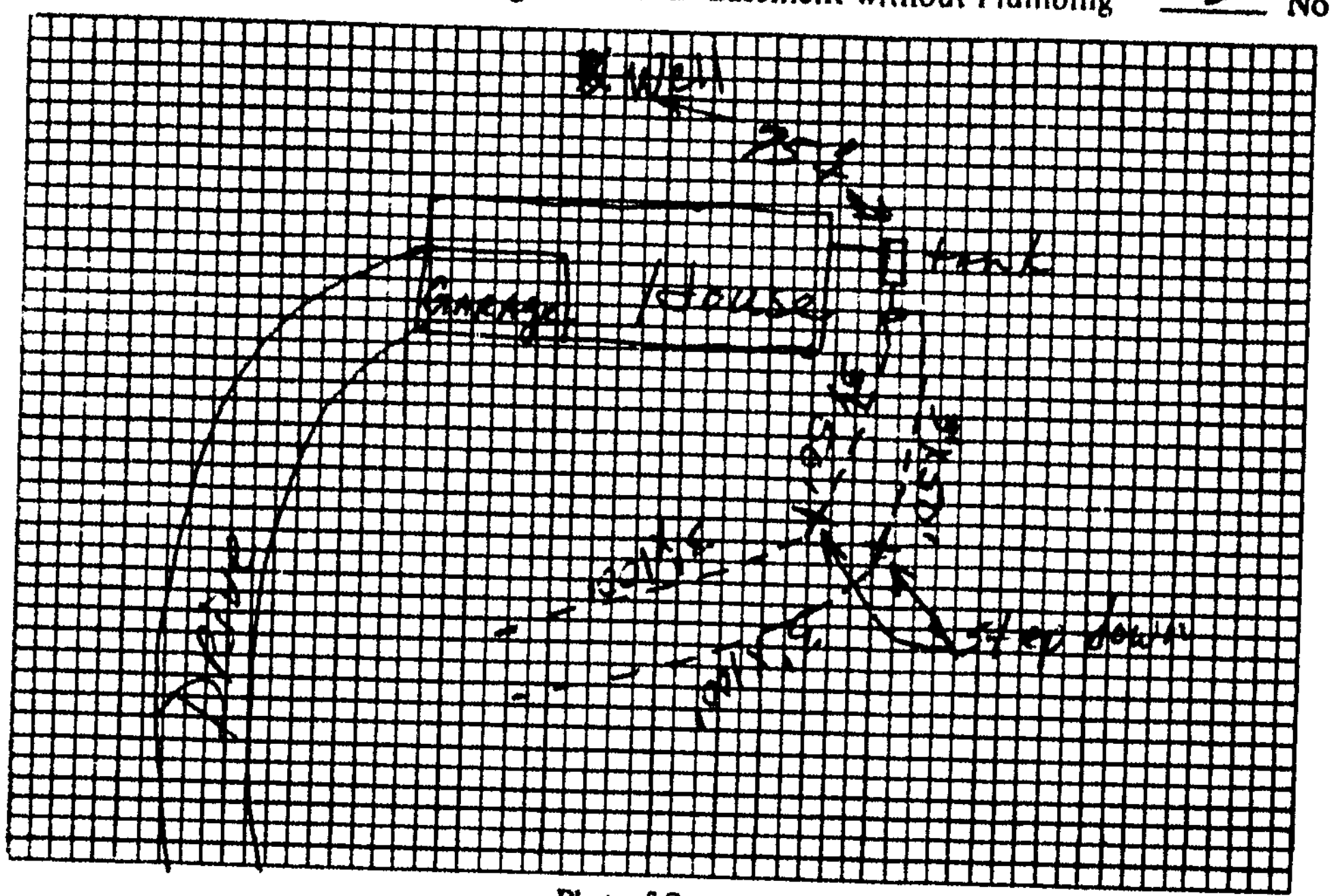
Percolation Rate 0.4 gal/ft²/day

Topography 2-6% slope

Depth to Water Table 10'+

Rock or other impervious formations none

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Donald Lackey

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

Signed: ____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: 1 step-down for each line

CERTIFICATE OF COMPLETION BY Terry L Pierce DATE 07-23-84

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