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 Robert Crumes DATE 9-30-77 PERMIT NO. _____

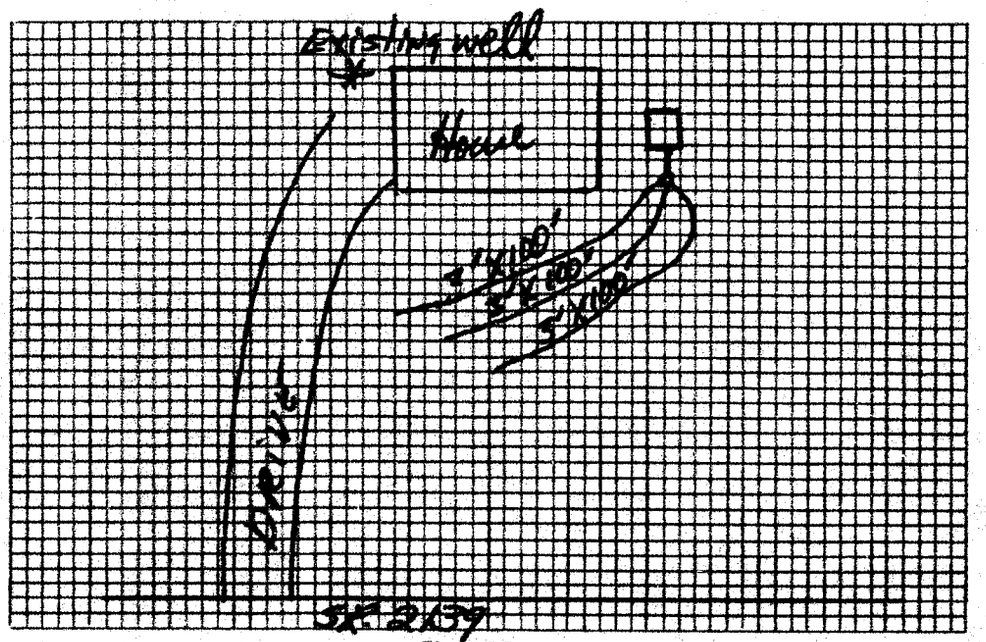
PHONE: Business _____ Home _____

LOCATION 21N T.R. on 901 T.R. on S.R. 2139 (at Jones Gro.)
1st house on left S. R. No. _____

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

House (✓) Mobile Home ( ) Business ( ) Other _____ Prosity fair to poor

No. Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil Cecil clay loam
Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate —
Auto. Dishwasher Yes (✓) No ( ) Topography 2%
Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table unk
Site Suitable Yes (✓) No ( ) Rock or other impervious formations none obs.
Lot Area > 1.5 Ac.



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Sonny Reavis

IMPROVEMENTS PERMIT BY David R. Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 9-30-77

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