IREDELL COUNTY HEALTH DEPARTMENT 36247

08530 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR EDDIE DEAN CROOM DATE 9/12/90 PERMIT NO. 15D-A-21F

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL COOLBROOK, TL FOX MTN, TR ON PRIVATE DR ABOVE LAKE, HOUSE ON (R) S. R. No. _____

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

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

No. Bedrooms 2 No. Bathrooms 2
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 0.45 AC

Character & Porosity of Soil P.S.
Percolation Rate 4
Topography 15-20 %
Depth to Water Table 4'+
Rock or other impervious formations SCATTERED ROCK / SOAPSTONE

Basement with Plumbing ____ Basement without Plumbing ____ No Basement ✓

TP 7-21-90

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 4 T&J PANELS
Sq. Ft. 200 Linear Ft. 100
Depth of Stone in Lines SAND 24"
Water Supply: Individual ( )
Public ( )

Installed by TOMMY FRYE

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

Signed: _____

PRIVATE DRIVE — Plot of System — TO FOX MTN RD

IMPROVEMENTS PERMIT BY KELLY SHERKS / D. WEAVER

COMMENTS: ① KEEP HOUSE MINIMUM 5' FROM SYSTEM.
② KEEP WELL MINIMUM 50' FROM SYSTEM.

CERTIFICATE OF COMPLETION BY STEVE HERRIOTT DATE 9/12/90

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