40863

IREDELL COUNTY HEALTH DEPARTMENT

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

13162
OWNER OR CONTRACTOR CRYSTAL BLACKWELDER DATE 4/10/92 PERMIT NO. 16N-A-5

PHONE: Business _____ Home _____

LOCATION I-77N, TL NC 901 W, TR WARREN BRIDGE ROAD, ON (R) ~1 MILE S. R. No. _____

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

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

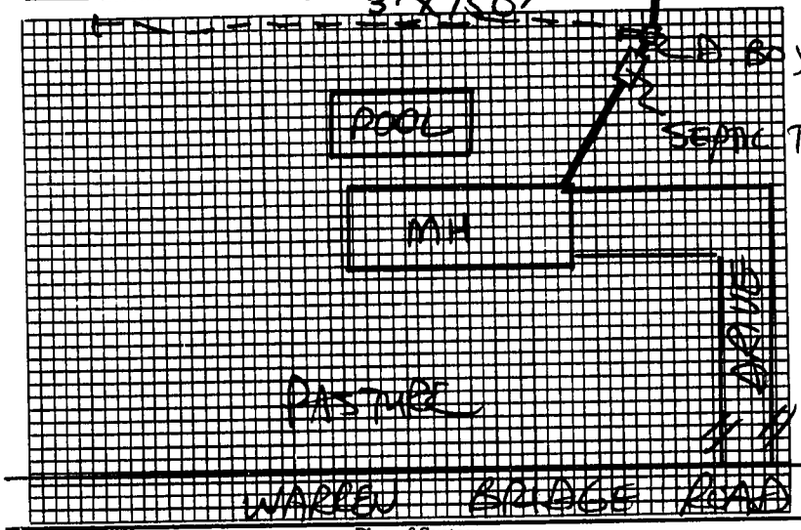
No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

REPAIR AREA

Character & Porosity of Soil PS
Percolation Rate 0.40 GPD/FT²
Topography 6-8% LS
Depth to Water Table 54"
Rock or other impervious formations NONE

Lot Area 5 AC

_____ Basement with Plumbing 3'X150' Basement without Plumbing (✓) No Basement



Plot of System

Size of Tank 1000 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 JEFF WALDEN/RICHARD FOSTER

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: REPAIR AREA IS 100% CONVENTIONAL GRAVITY

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 4/10/92

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