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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 Frankie N. Crawford DATE 4-9-57 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hgwy 901 w TC on SR 1846 - Rt on SR 1836 1st house on left S. R. No. _____

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

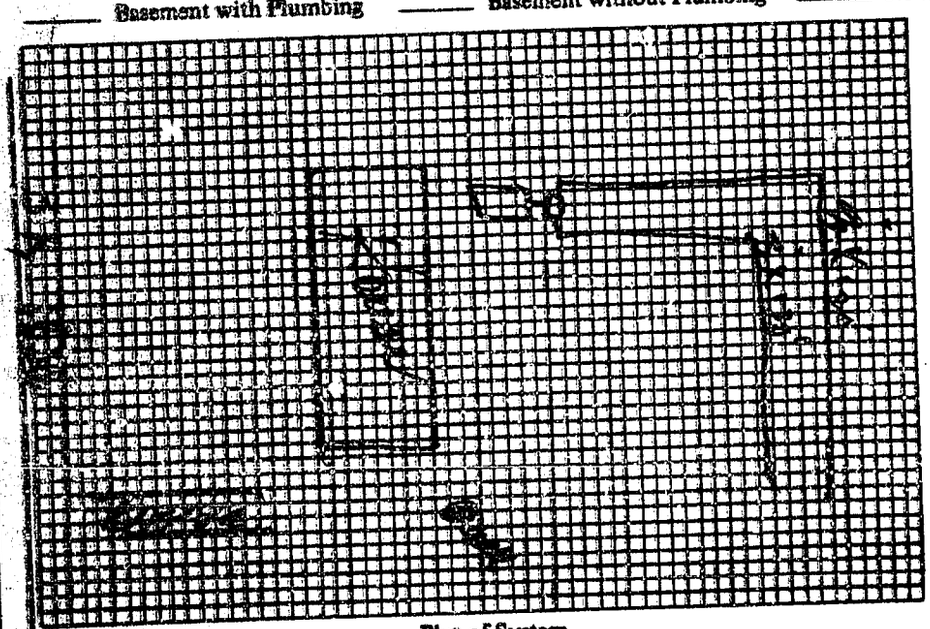
House ✓ Mobile Home ( ) Business ( ) Other _____

No. Bedrooms	2	No. Bathrooms	1		
Garbage Disposal Unit	Yes ( )	No	(✓)		
Auto. Dishwasher	Yes ( )	No	(✓)		
Auto. Wash. Machine	Yes (✓)	No	( )		
Site Suitable	Yes (✓)	No	( )		

Character & Porosity of Soil Sandy Loam
Percolation Rate Fair
Topography 2-15%
Depth to Water Table 10'
Rock or other impervious formations Stone

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 220 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Sammy Rann

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION _____ DATE 4/19/57

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

This 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