41995

IREDELL COUNTY HEALTH DEPARTMENT

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

Pt. of

13889

OWNER OR CONTRACTOR PAUL MURPHY DATE 1/22/92 PERMIT NO. 12N-A-82

PHONE: Business _____ Home _____

LOCATION US 21 N, TR NC 901 E, TR CRANFILL ROAD, ON (R) ~ 1/2 MILE ACROSS FROM BRICK HOUSE S. R. No. 2133

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

House ( ) Mobile Home (✓) Business ( ) Other WITH SEPERATE GARAGE

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

Character & Porosity of Soil PS
Percolation Rate .35 GPD/FT2
Topography 4-6% LS
Depth to Water Table >4'
Rock or other impervious formations NONE

Lot Area AMPLE

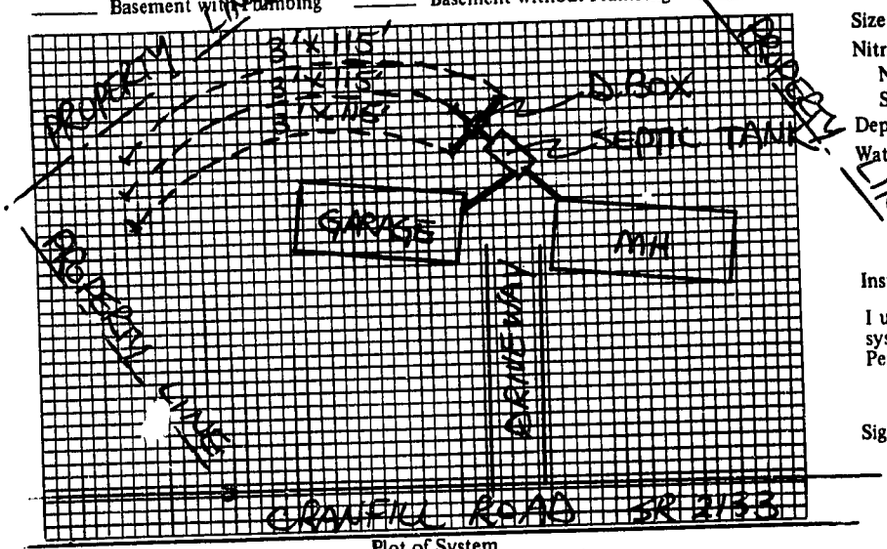
_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

ACP 10/21/90

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)



Plot of System

Installed by A-1 BACKHOE

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: MH NOT ON-SITE AT TIME OF INSPECTION

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 1/22/92

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