2-2.13c

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 Fred W. Klein DATE 3-19-81 PERMIT NO. 58

PHONE: Business _____ Home _____

LOCATION 1100 TR 1236 bear left @ forks then Rt. 1.8 mile 1 mi on left S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 148 SECTION OR BLOCK NO. 6

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

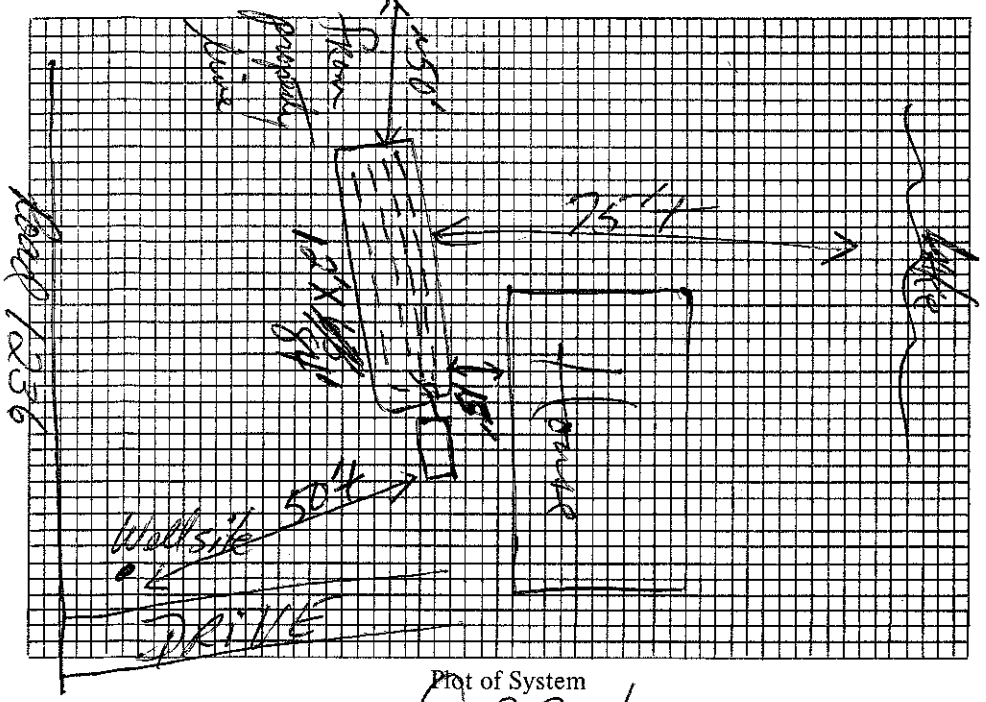
No. Bedrooms ~~3~~ 4 No. Bathrooms ~~2~~ 2.5

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

Character & Porosity of Soil clay loam
Percolation Rate Prompt
Topography 15-25%
Depth to Water Table 10' +
Rock or other impervious formations none obs.

Lot Area ~ 3/4 AC.

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank ~~1250~~ 1500 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. ~~750~~ 1000 Linear Ft. ~~250~~ 333
Depth of Stone in Lines 16"

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

✗ Signed: Sam N. Klein

IMPROVEMENTS PERMIT BY David R. Hinson

COMMENTS: Unable to locate well on lot next door. Must stay ~ 50' from property line w/ sewage system unless well is located and is safe distance away. Plumbing should be stubbed out at or above ground level in order to keep system reasonably shallow.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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