IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C) 4615 8 9 4973

OWNER OR CONTRACTOR Michael Sabbagh DATE April 29, 88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 100 - TR 1177 Bradshaw 1458 (Barbers Loop)
2 1/2 miles on left S. R. No. _____

SUBDIVISION NAME Cliff Lake Norman LOT NO. 97 SECTION OR BLOCK NO. 7

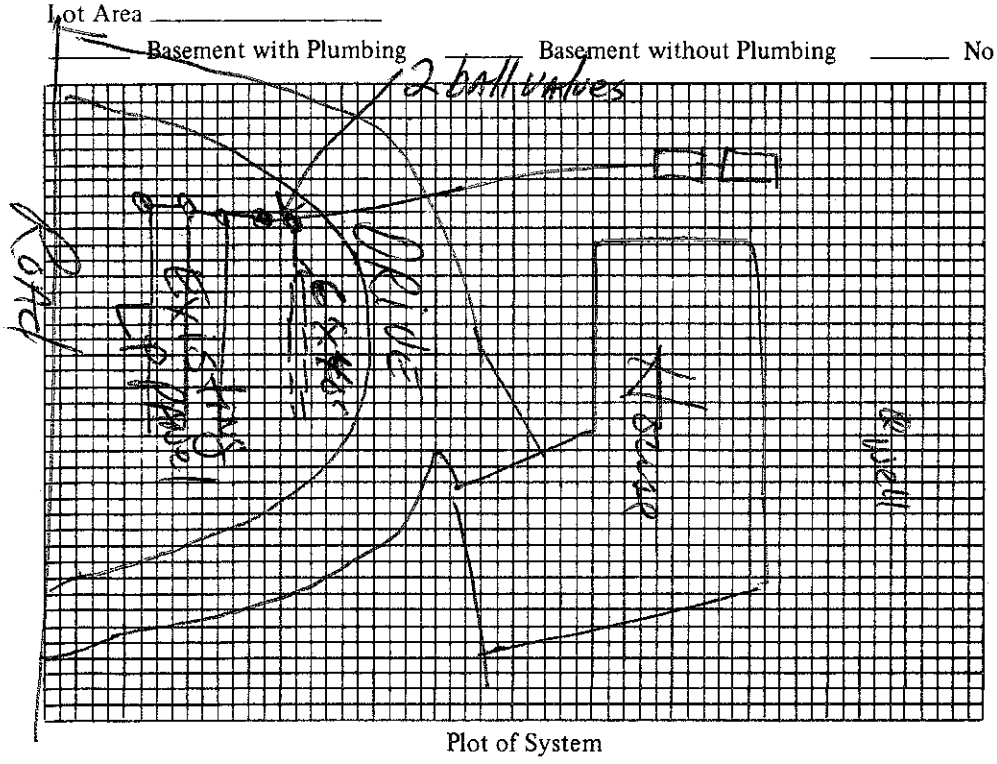
House ( ) Mobile Home ( ) Business ( ) Other Repair

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

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 6 X 40' Bed
Sq. Ft. 240 Linear Ft. 240'
Depth of Stone in Lines 24"+
Water Supply: Individual ( )
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Use repair bed to relieve pressure of main system. Switch Valves to main system after 60-90 days.

CERTIFICATE OF COMPLETION BY J. R. Hanson, RS DATE 4-29-88

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