05649

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 Michael G. Sabbagh DATE Feb 9, '88 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 1100 TR 1177 (Chuckwood) Bear left 1458 (Barber Loop) ~1½ miles on left S. R. No. ____

SUBDIVISION NAME CLAT LAKE NORMAN LOT NO. 97 SECTION OR BLOCK NO. 7

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

No. Bedrooms 3 No. Bathrooms 3½

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ R.S. Yes (✓) No ( )

Character & Porosity of Soil clay

Percolation Rate ~.4

Topography 10-15%

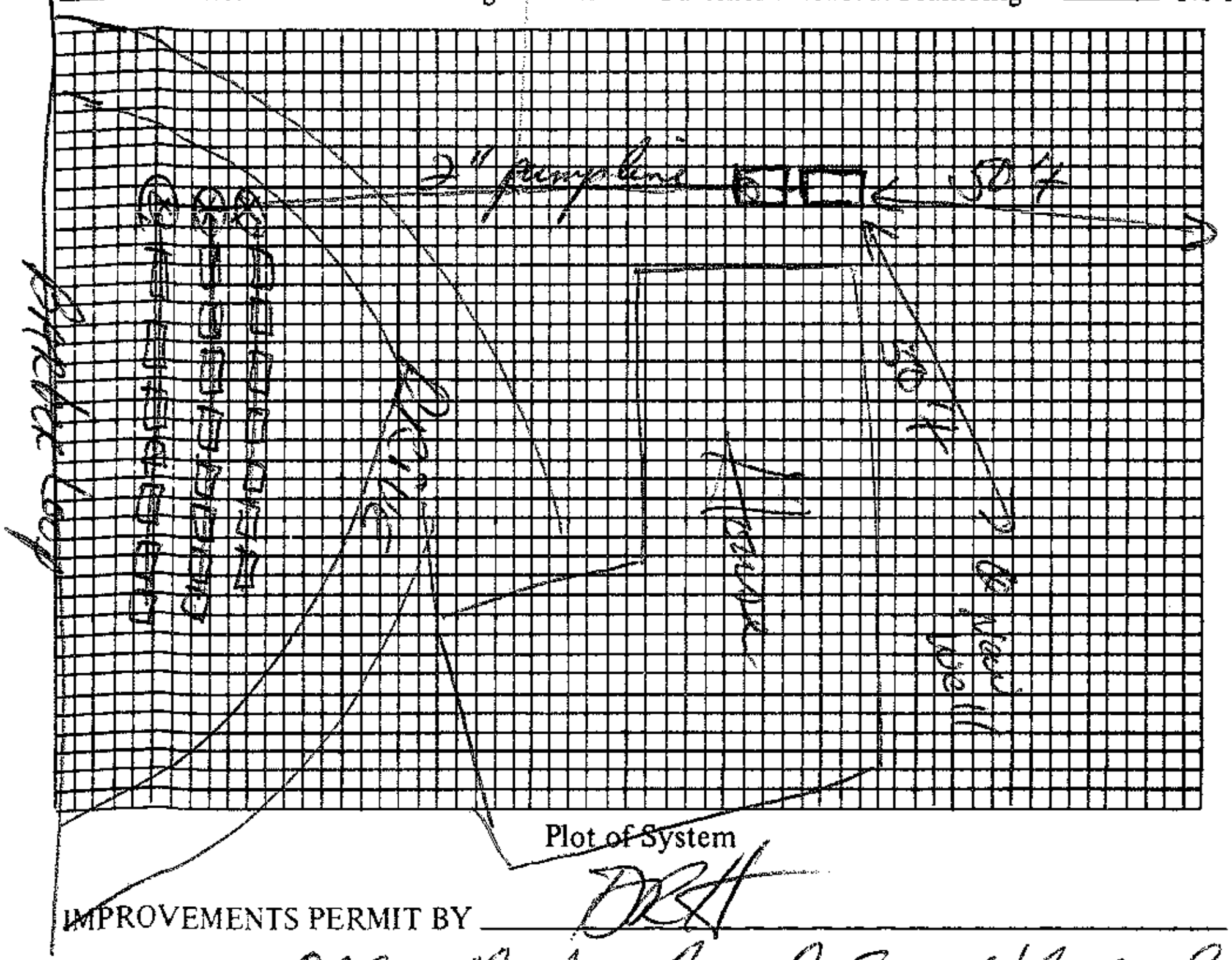
Depth to Water Table 4'

Rock or other impervious formations none obs.

Lot Area .67 Ac

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement

1250 gal pump tank



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. ____ Linear Ft. 150'

Depth of Stone in Lines 16" 747

Water Supply: Individual (✓) panels pressure-dosed

Public ( )

Installed by A J Ervin

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

Signed: ____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Old well abandoned, See NRCD form

CERTIFICATE OF COMPLETION BY D R Hinson, R.S. DATE Feb 9, '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