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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) 4615894973

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

PHONE: Business ______ Home ______

LOCATION 100 - TR 1177 Beaufort on 1458 (Barber's Loop) 1½ miles on left S. R. No. ______

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

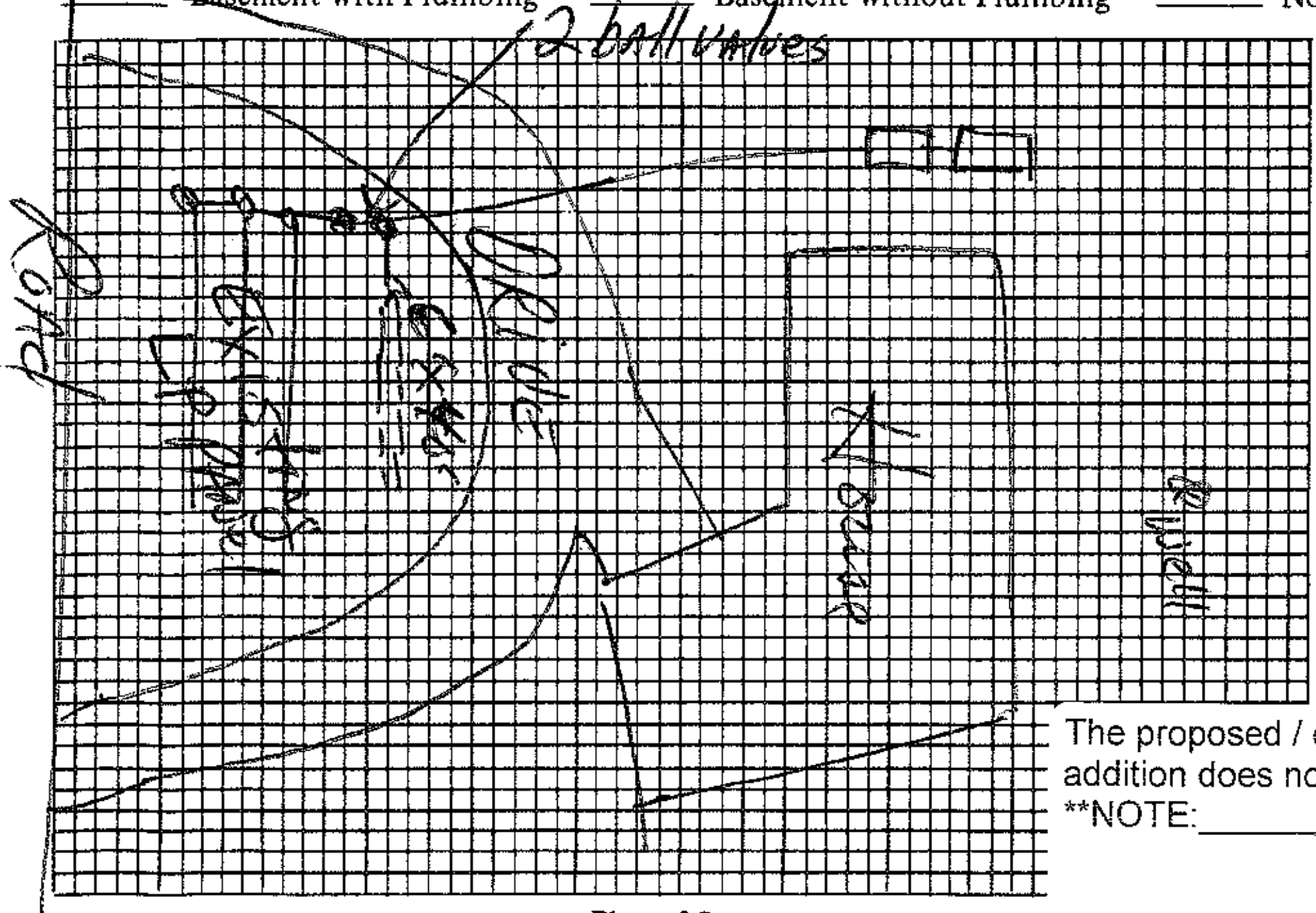
House ( ) Mobile Home ( ) Business ( ) Other Repair

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'x40' Bed
Sq. Ft. 240 Linear Ft. 80'
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.

The proposed / existing GARAGE addition does not appear to impact the existing septic system.
**NOTE: ______
BAllig R.S.
Date: 1-10-14
ICHD-Environmental Health Division

IMPROVEMENTS PERMIT BY ______

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

CERTIFICATE OF COMPLETION BY RL Hinson, 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