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 Jan 12, '87 PERMIT NO. 11

PHONE: Business 878-9641 Home 664-3107

LOCATION 1100 TR 1177 (Cumberwood) Bears left 1458 (Barber Loop) 2 1/2 miles on left S. R. No.

SUBDIVISION NAME L.A. LOT NO. 97 SECTION OR BLOCK NO. 7

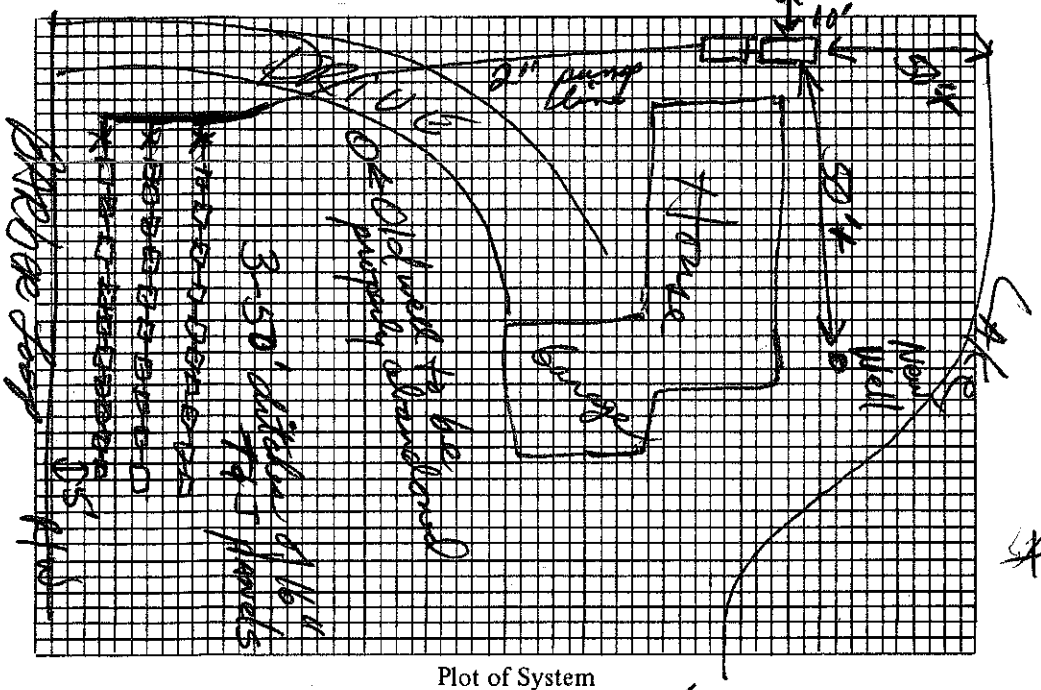
House (✓) Mobile Home ( ) Business ( ) Other

No. Bedrooms 3 No. Bathrooms 3 1/2
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes ( ) No ( )

Character & Porosity of Soil clay
Percolation Rate 2, 4
Topography 10-15%
Depth to Water Table 4ft
Rock or other impervious formations none obs.

Lot Area 1.67 Ac.

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

1250 gal pump tank w/out baffle

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. ____ Linear Ft. 150 & 16
Depth of Stone in Lines 7" T.J. panels
Water Supply: Individual (✓)
Public ( )

Installed by

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

(✓) Signed Michael G. Sabbagh

IMPROVEMENTS PERMIT BY Mark R. Hunsucker R.S.

COMMENTS: Old well to be properly abandoned according to NRC standards. Pump-close T&T panels using a ball valve at head of each ditch and 1¼" pipe through panels with 2- 5/32" holes per panel. Call Health Dept if any questions about specs.

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