2:30

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 Richard Wilson DATE 11/21/85 PERMIT NO. 382

PHONE: Business _____ Home _____

LOCATION Brawley School Rd, Rt on Chuckwagon, Lf on Barber Loop, 1 mile on Rt S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 102 SECTION OR BLOCK NO. 7

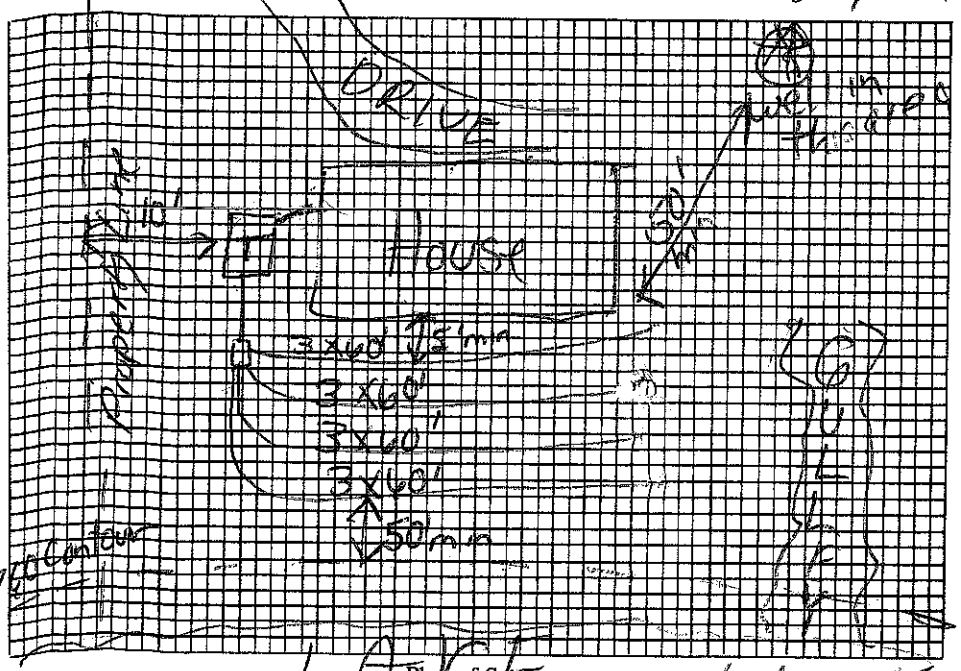
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	cly/sam/cly
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.5 gal/ft²/day
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	41+
			Rock or other impervious formations	None Noted

Lot Area 20,000

Basement with Plumbing ____ Basement without Plumbing ____ No Basement (✓)



Size of Tank 1000 (1250 OK) Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓) Already Drilled
Public ( )

Installed by _____

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

Signed: Ray Beam

IMPROVEMENTS PERMIT BY _____

COMMENTS: Keep system 50' from 760° contour
Keep lines 9' on centers.

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