4016897173

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 Lewis Building DATE 11-30-05 PERMIT NO. 250

PHONE: Business _____ Home 919-872-6842

LOCATION 1100 TR on 1170 at End TR Lawson Point

S. R. No. _____

SUBDIVISION NAME Lake Ehrman LOT NO. 103 SECTION OR BLOCK NO. 9

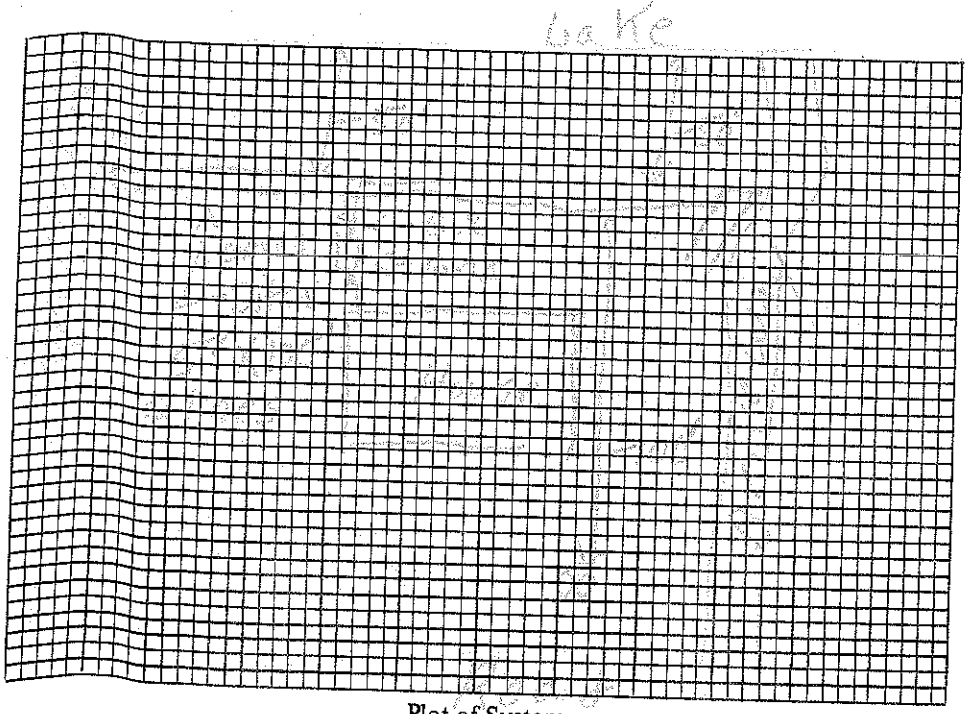
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes	( )	No	(✓)
Auto. Dishwasher	Yes	(✓)	No	( )
Auto. Wash. Machine	Yes	(✓)	No	( )
Site Suitable	Yes	(✓)	No	( )

Lot Area 3/4 acre

Character & Porosity of Soil red clay Porosity Fair
Percolation Rate 2 Soil Evaluator
Topography 2 on 30% & Steep
Depth to Water Table 2 ft to lake level
Rock or other impervious formations none



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 225 Linear Ft. 250
Depth of Stone in Lines 18"
Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: Fair to poor Soil Dripline bath ways Steep Shale liner to 24" in Lith

CERTIFICATE OF COMPLETION BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold