22:00

13637

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 Rick McCale DATE Dec. 13, '91 PERMIT NO. 201-A-136

PHONE: Business ______ Home ______

LOCATION 1100 TR 1236 1/ mile on right

SUBDIVISION NAME Crescent / Lake Norman S. R. No. ______ LOT NO. 136 SECTION OR BLOCK NO. 6

House (✓) w/ Addn Mobile Home ( ) Business ( ) Other Addition

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area ½ Ac +

Character & Porosity of Soil PS clay

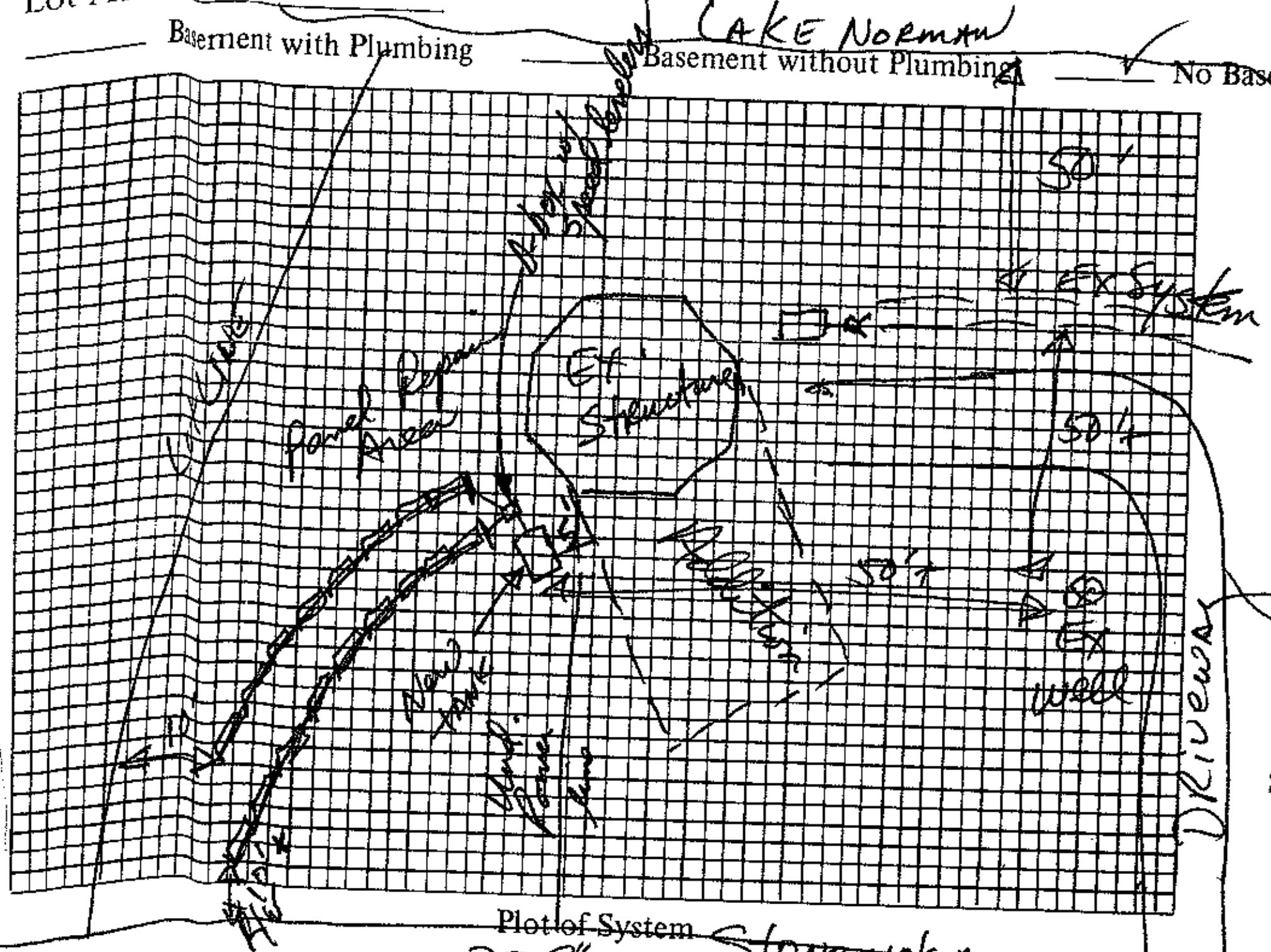
Percolation Rate .3-.4

Topography 6-10%

Depth to Water Table 4'+

Rock or other impervious formations some scattered rocks

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. ______ Linear Ft. 130' of 16"

Depth of Stone in Lines panel block

Water Supply: Individual (✓) gravity flow

Public ( )

Installed by ______

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

Signed: [signature] for ABJ Construction

IMPROVEMENTS PERMIT BY [signature], R.S.

COMMENTS: Follow contour w/ drainfield. 36" maximum trench bottom depth. Plumbing in new addition to go to new septic system.

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