11023

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 Robert B. Payne DATE Feb-20'90 PERMIT NO. 2E-1-A-105

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 (Chickwood) TL on Barber Loop ± 1¼ miles on left S. R. No. _____

SUBDIVISION NAME CLAT CAKE Norman LOT NO. 105 SECTION OR BLOCK NO. 7

House (✓) Mobile Home ( ) Business ( ) Other Addition Upgrading sewage syst to 3 bedroom capacity

No. Bedrooms 3 w/Addn No. Bathrooms 3

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) Lot No ( ) LINE 45'+

Lot Area Existing

Character & Porosity of Soil PS clay/loam

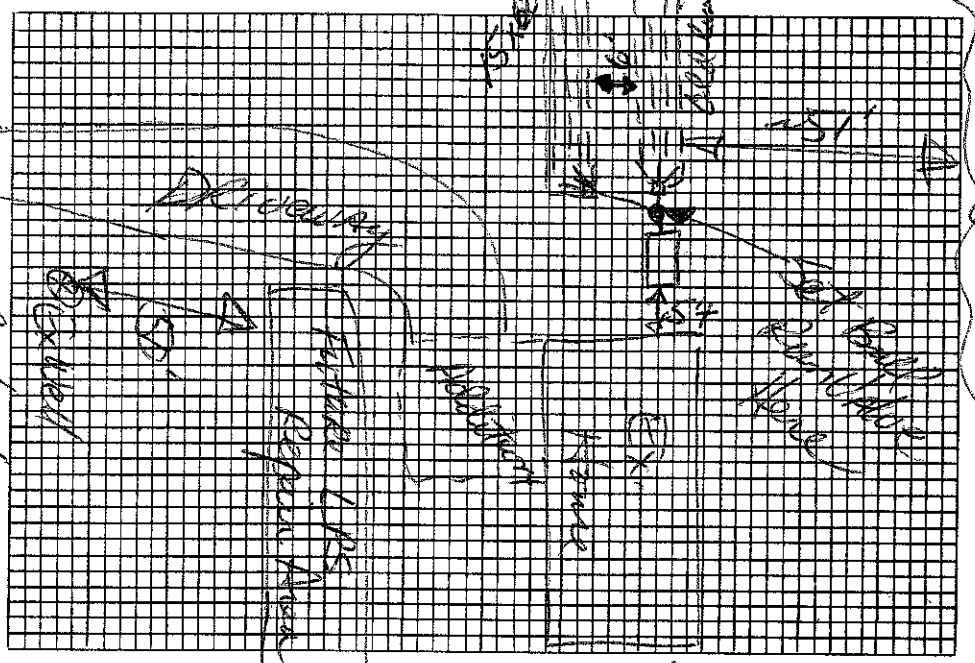
Percolation Rate 3-5

Topography 2-6%

Depth to Water Table 44

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines Ex. + 15'x60' Bed

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓) ex.

Public ( )

Installed by _____

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

Signed: X Craig M. Roseman

IMPROVEMENTS PERMIT BY Jack R. Hanson, EHS

COMMENTS: Use minimum fall from Ball Ram Valve to new line. Lot to be graded down Approx 1½' so new line will not be deeper than 36" to trench bottom.

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