4615993606

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 David Cranford DATE 9-9-83 PERMIT NO. 310

PHONE: Business _____ Home _____

LOCATION 1100 TR1177 R 1st 1458 ½ mile on left

SUBDIVISION NAME Lake Norman LOT NO. 109 SECTION OR BLOCK NO. 7 S. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area EXISTING

Character & Porosity of Soil clay loam/silty clay

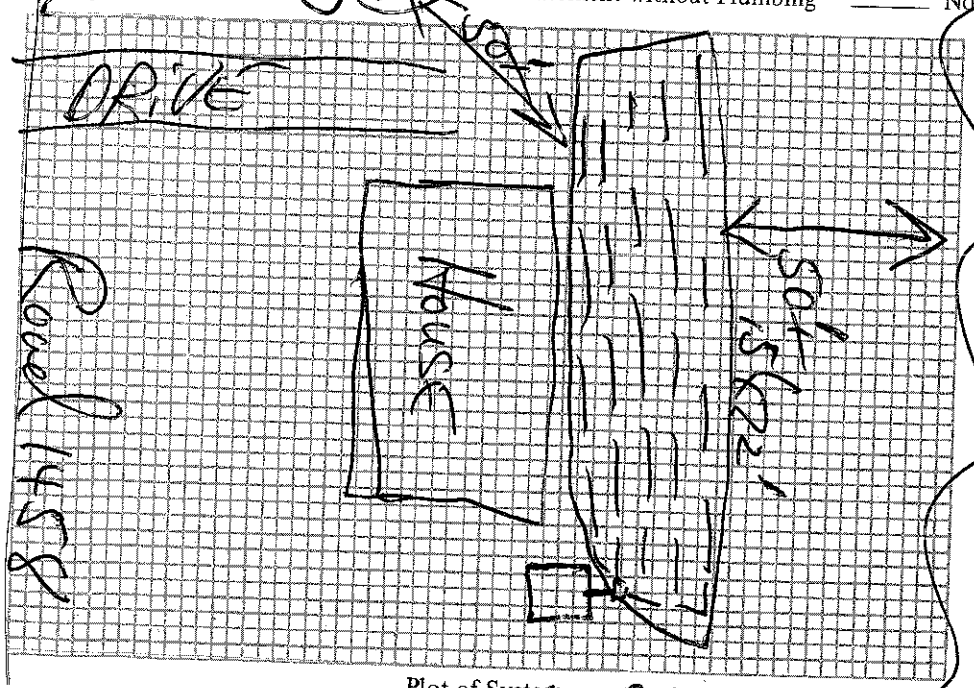
Percolation Rate 0.8 gpf 12-15-83

Topography

Depth to Water Table

Rock or other impervious formations NONE Observed

(X) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1080 Linear Ft. 360

Depth of Stone in Lines 12"

Water Supply: Individual (X)

Public ( )

Installed by Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

Location of the proposed GARAGE addition does not appear to impact the existing on-site septic system.**NOTE: Min 5' From SEPTIC

REHS

Date: 8-11-11

ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 9-9-83

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