IREDELL COUNTY HEALTH DEPARTMENT

12466

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Cloffetter Bld. Co. DATE Feb. 25, '91 PERMIT NO. 2E-1-A-95

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 (Chickwood) at end TL Barber Loop (1458) ~ 1/2 mile on Right S. R. No. _____

SUBDIVISION NAME Clot Cake Norman LOT NO. 95 SECTION OR BLOCK NO. 7

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

No. Bedrooms 4 No. Bathrooms 3 1/2

Garbage ~~Disposal~~ Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area 20000 ft +

Character & Porosity of Soil PS silty clay trans.

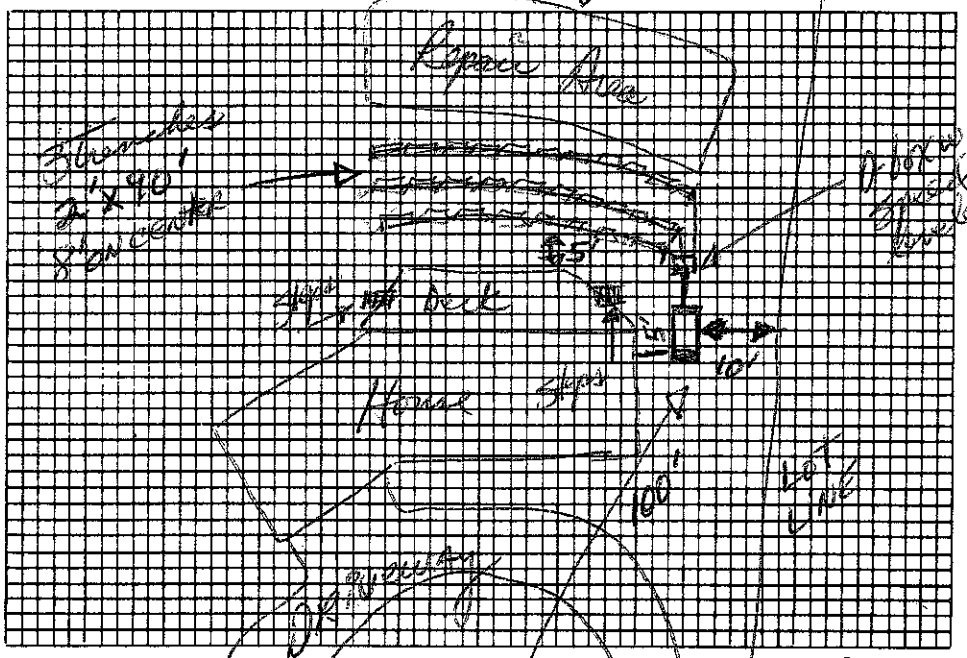
Percolation Rate ~ 3

Topography ~ 8%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 270 ± ft
Depth of Stone in Lines 16" to 18"
Water Supply: Individual (✓) Public ( ).

panels gravity flow

Installed by _____

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

Signed: Phillip Cloffetter

IMPROVEMENTS PERMIT BY David R. Hinson, EHE

COMMENTS: Follow contour. Maximum trench bottom depth of 34" on all panel lines.

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