Type IV

IREDELL COUNTY HEALTH DEPARTMENT

4616-90-5736

10413

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Thomas Edwards DATE Oct. 30, '90 PERMIT NO. 2E-1-A88

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 (Chickwood) at end TR Barber Loop
n. ¼ mile on Right S. R. No. _____

SUBDIVISION NAME CLOT LAKE NORMAN LOT NO. 88 SECTION OR BLOCK NO. 7

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

No. Bedrooms 3 No. Bathrooms 2½

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

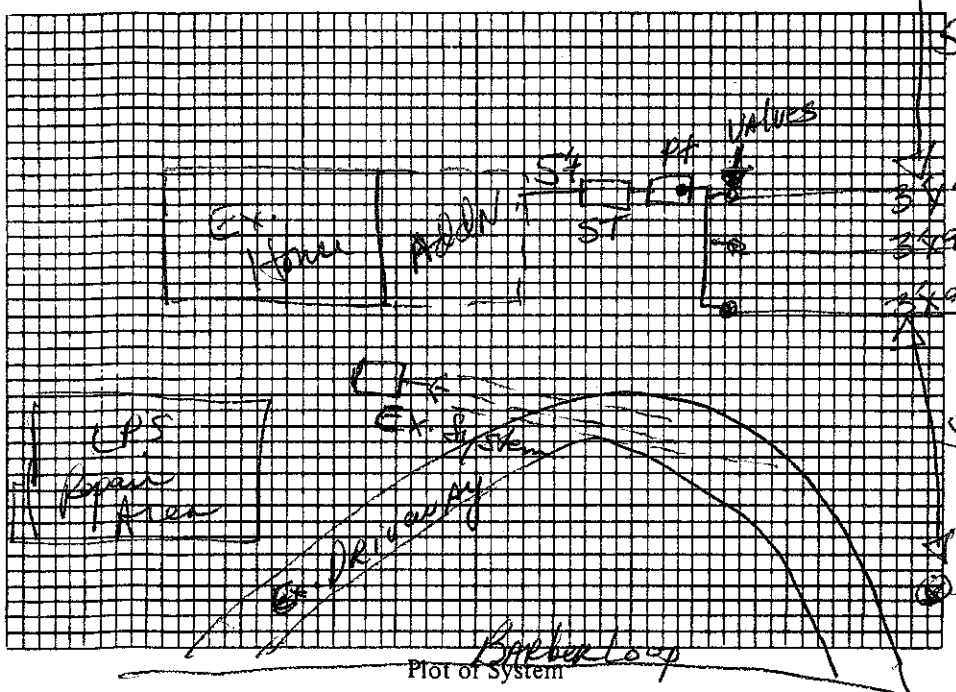
Lot Area .6 Ac.

Character & Porosity of Soil ps clay trans.
Percolation Rate ~.35
Topography 6-8%
Depth to Water Table 4ft
Rock or other impervious formations none obs.

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement

1000 p.T.

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 810 Linear Ft. 270
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )



Plot of System

710' to Lot Line

Installed by F J Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Alarm tested & functioning but not permanently mounted

Operation permit
CERTIFICATE OF COMPLETION BY David R. Hinson, EHS DATE Oct. 30, '90

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