IR ELL 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 Cecil M. Gadsden DATE 8-1-85 PERMIT NO. 337

PHONE: Business _____ Home _____

LOCATION 1115 SR 1455 (2nd Lake View Dr.) past End of pavement 2nd Lot on left

SUBDIVISION NAME LAKE NORMAN LOT NO. 8 SECTION OR BLOCK NO. 235 S. R. No. _____

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

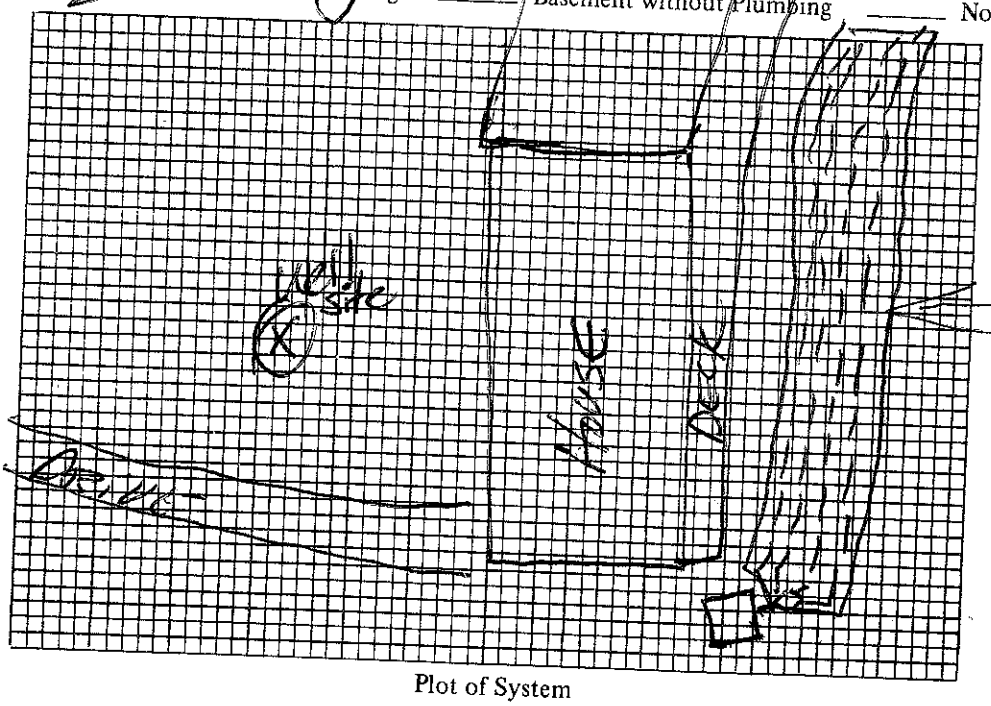
No. Bedrooms 3 No. Bathrooms 2½

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

Character & Porosity of Soil _____
Percolation Rate EXISTING SYSTEM
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

DRAWN

~~Basement with Plumbing~~ _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines EXISTING
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: EXISTING SYSTEM WORKING OK AT TIME OF INSPECTION; DO NOT GRADE OVER DRAIN LINE IN DIGGING BASEMENT

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Jack Clemmons DATE 8-1-85

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