-2268

Type 4 Inspection 5-14-2008 Terry 201-4759

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 Perry Reed DATE May 20, '88 PERMIT NO. _____

PHONE: Business 114 Stonemarker Home 664-7061

LOCATION 1100 TR 1236 (Stonemarker) TR 1st driveway

S. R. No. _____

SUBDIVISION NAME CLIFT LAKE NORMAN LOT NO. 1690 SECTION OR BLOCK NO. _____

House (4) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes (4) No ( )

Auto. Dishwasher Yes (4) No ( )

Auto. Wash. Machine Yes (4) No ( )

Site ~~Suitable~~ RS Yes (4) No ( )

Lot Area 1/4 AC

Character & Porosity of Soil AREA of Chainfield Clay

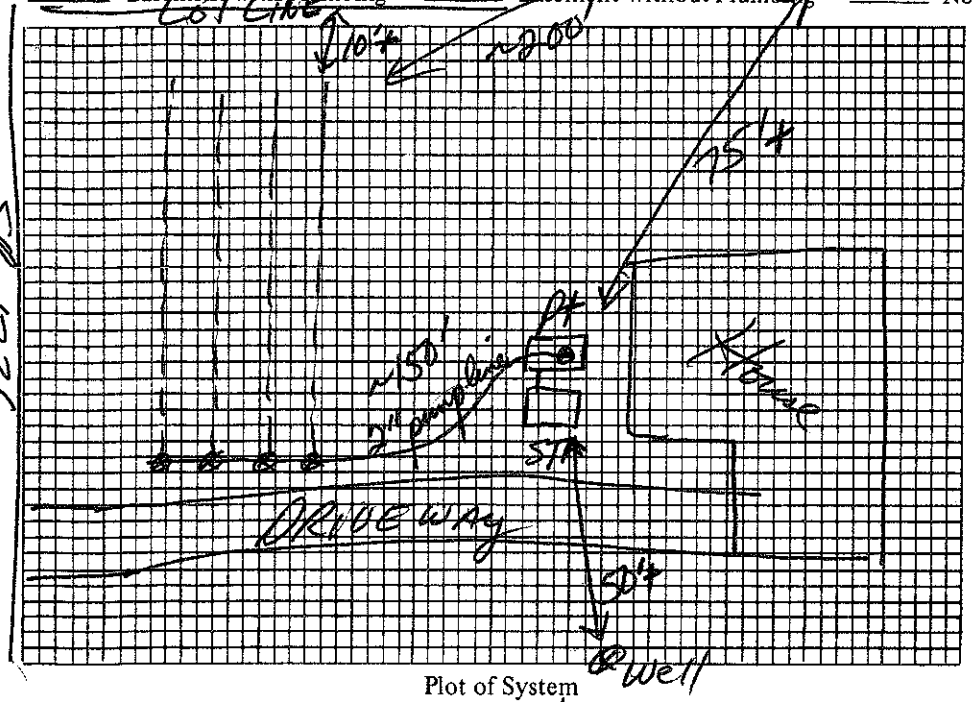
Percolation Rate 2.4

Topography ~6%

Depth to Water Table 4ft

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 4

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"+

Water Supply: Individual (4)

Public ( )

Installed by OWNER

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D R Hinson, R.S. DATE 5-20-88

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