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# IREDELL COUNTY HEALTH DEPARTMENT

091466

## (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

OWNER OR CONTRACTOR James T. Webb DATE April 26, 89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR1236 (Stoenmarken) TR Tiger Lane ON Right S. R. No. _____

SUBDIVISION NAME CLAT LAKE NORMAN LOT NO. 1692 SECTION OR BLOCK NO. 6

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

No. Bedrooms 4 No. Bathrooms 2

| | | | | | |
|---|---|---|---|---|---|
| Garbage Disposal Unit | Yes | (✓) | No | ( ) | |
| Auto. Dishwasher | Yes | (✓) | No | ( ) | |
| Auto. Wash. Machine | Yes | (✓) | No | ( ) | |
| Site ~~Suitable~~ OK | Yes | (✓) | No | ( ) | |

Character & Porosity of Soil Clay

Percolation Rate 03

Topography ~4% 4+

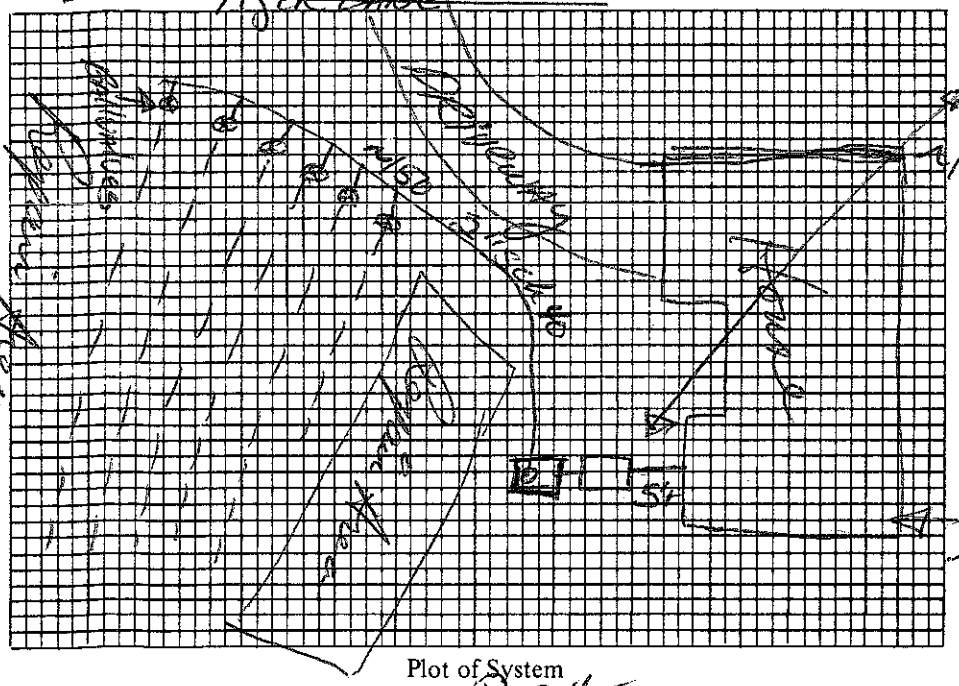
Depth to Water Table 4+

Rock or other impervious formations none obs.

Lot Area n/Ac.

1500 pt.

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




Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 6

Sq. Ft. 1602 Linear Ft. 534

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Bobby Mayhew

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

Signed: LAKE

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY DR Hanson, RS DATE 4-26-89

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