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 Sam H. McMahon III DATE /18/88 PERMIT NO.

PHONE: Business ______ Home 525-8280

LOCATION 1100 TR Chuckwood TL 1st Barber Loop TL Arborway (Rollingwood) Near end on R. (see plat) S. R. No.

SUBDIVISION NAME ______ LOT NO. 128 SECTION OR BLOCK NO. ______

TAX # 2E-1-A-128

House (✓) Mobile Home ( ) Business ( ) Other RELAYOUT OF 2/22/88 & 3/10/88

No. Bedrooms 4 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Character & Porosity of Soil clayey

Percolation Rate ~.35 gpd/ft²

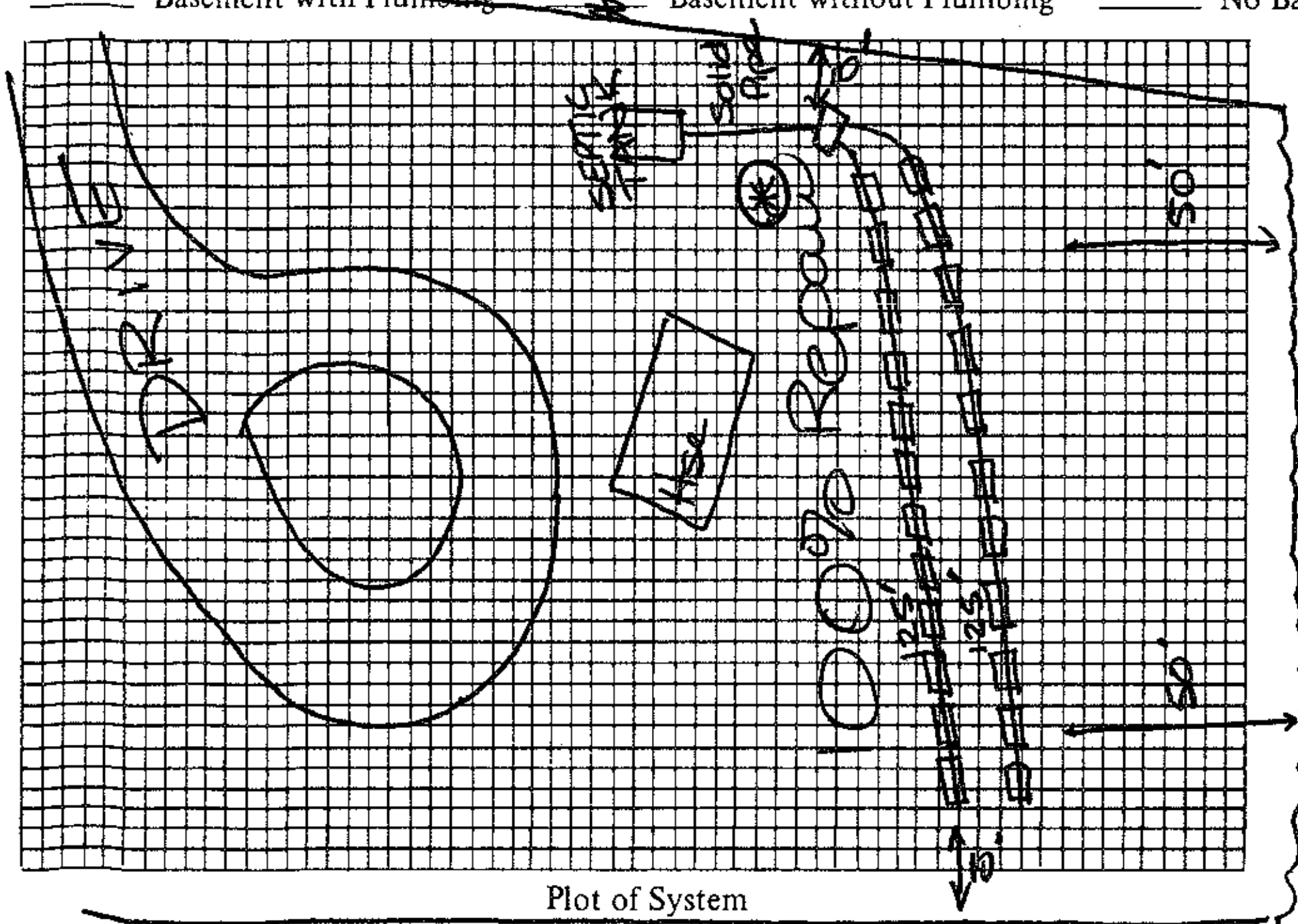
Topography 2%

Depth to Water Table 4'+

Rock or other impervious formations ~~None Observed~~ ACP (some scattered surface rock.)

Lot Area ~5 ACRES

✓ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

NOT TO SCALE

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines ______

Sq. Ft. ______ Linear Ft. 250' of

Depth of Stone in Lines 16" T & J Panels

Water Supply: Individual (✓)

Public ( )

LAKE NORMAN

Installed by ______

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

Signed [signature]

IMPROVEMENTS PERMIT BY Audie A Price

COMMENTS: 100% REPAIR IS ABOVE INITIAL REPAIR DUE TO TREES. STRUCTURE CANNOT BE LOCATED ANY CLOSER THAN 5' FROM REPAIR. SYSTEM SHALL BE INSTALLED W/ 6"-8" COVER.

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