4625093342

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

ER OR CONTRACTOR Donald Glover

E: Business _____ Home _____ DATE 5-3-86 PERMIT NO. 244

ATION Brawley School Rd (1100) TR Chuckwood TL on Barbers Loop TL on Arborway BR at fork 2nd lot on R

DIVISION NAME Lake Norman LOT NO. 121 SECTION OR BLOCK NO. 7 S. R. No. _____

use (✓) Mobile Home ( ) Business ( ) Other adding building [storage building]

. Bedrooms 5 No. Bathrooms _____

rbage Disposal Unit Yes (✓) No ( )

uto. Dishwasher Yes (✓) No ( )

uto. Wash. Machine Yes ( ) No ( )

te Suitable Yes ( ) No ( )

ot Area _____

Character & Porosity of Soil _____

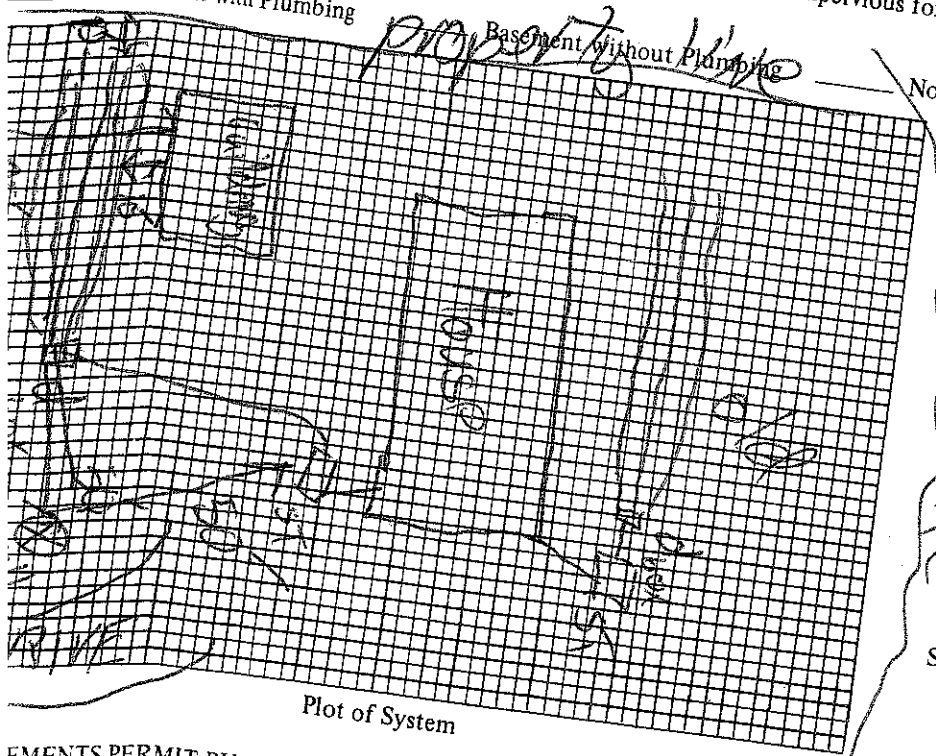
Percolation Rate _____

Topography Existing

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing Proposed Home _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Exist Gals.

Nitrification Field: Exist

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual (✓)

Public ( )

Installed by _____

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

Signed: _____

EMENTS PERMIT BY _____

TS: Existing system working OK at date of inspection that building moved to be 10' from lines and tanks

TE OF COMPLETION BY _____

SYSTEM CHECKED BY: Charles A Barnett DATE _____

STRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

D if any unauthorized changes are made in installation of system and/or if any false information is supplied in making s Permit. DATE 5-5-86

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's C