4626014035

10960

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 James T. Cobb DATE June 5, '90 PERMIT NO. 2E-1-A-73

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 (Chuckwood) at end TL Barber Loop ~1/4 mile TR Lakehaven ~500' on left S. R. No. _____

SUBDIVISION NAME CLT Lake Norman LOT NO. 73 SECTION OR BLOCK NO. 7

House (✓ w/ Add'n) Mobile Home ( ) Business ( ) Other Upstairs Addition Upgrading sewage system

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area Existing (~3/4Ac)

Character & Porosity of Soil Ps clay

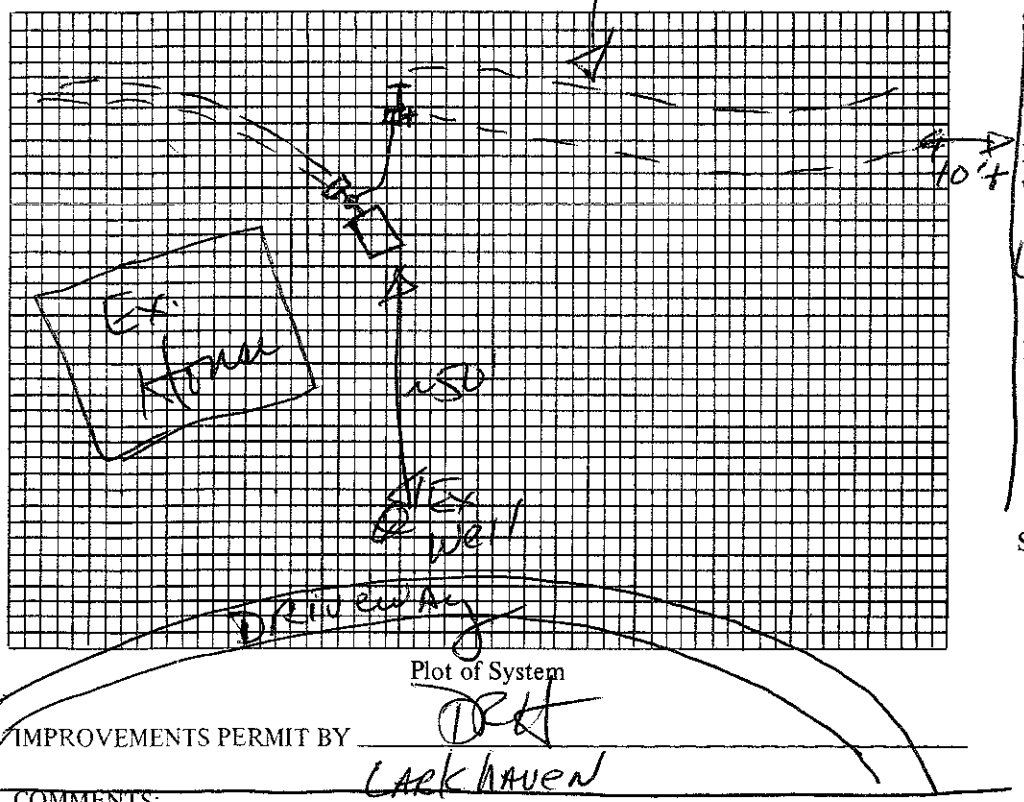
Percolation Rate 6-8-20

Topography

Depth to Water Table 6'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 250 Linear Ft. 250

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by J.R Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Lakehaven

Drainfield deeper than expected because of grade but not problem with soil.

CERTIFICATE OF COMPLETION BY _____ DATE 6-5-90

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