2.00

IREDELL COUNTY HEALTH DEPARTMENT

10960

(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 Feb 9, '90 PERMIT NO. 2E-1-A-73

PHONE: Business _____ Home _____

LOCATION 1100 TR1177 (Chuckwood) at end TR Barbee Loop
1/4 mile TR Larkhaven ~500' on left S. R. No. _____

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

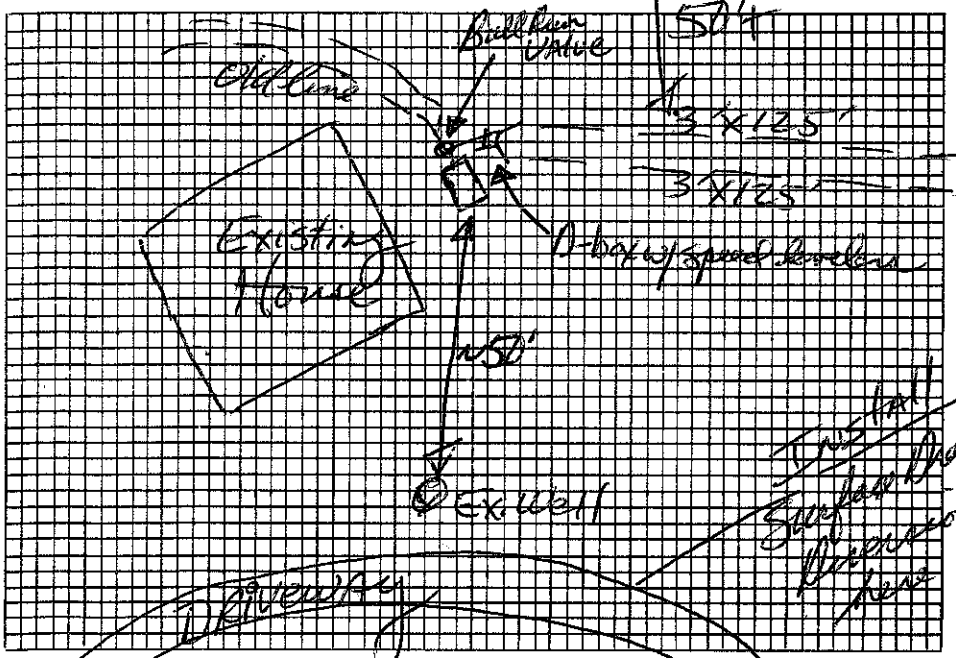
House (✓) Mobile Home ( ) Business ( ) Other Upstairs addition (adding 1 bedroom w/ Addn. 3 upgrading of sewage system required.)

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil		1/5 Clay
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate		1 in 4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography		8-10% somewhat complex
Site Suitable	Yes ( )	No ( )	Depth to Water Table		3'+
			Rock or other impervious formations		none obs.

Lot Area Existing (~3/4Ac)

_____ Basement with Plumbing _____ Basement without Plumbing ___/___ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 150 Linear Ft. 250
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: ✓ ABS

IMPROVEMENTS PERMIT BY _____

COMMENTS: Follow contour. Larkhaven
Set Bull Run Valve, invert flow to new lines. Check tank for "tee" and condition of pump tank. Maximum trench bottom depth 24".

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