4626049508

IREDELL COUNTY HEALTH DEPARTMENT

11040

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

OWNER OR CONTRACTOR Billy P. Griffin DATE March 7, '90 PERMIT NO. 2F-3-A-192

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 (McKendree) to end TR Kemp Rd. ~1/4 mile on Right S. R. No. _____

SUBDIVISION NAME C L & T Lake Norman LOT NO. 190 SECTION OR BLOCK NO. 8

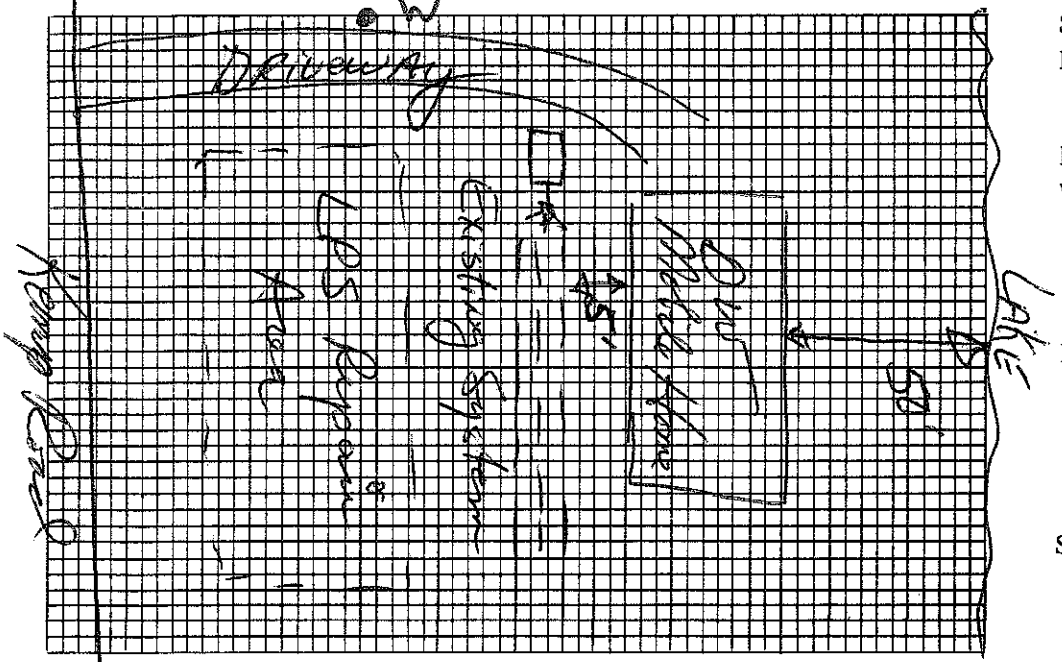
House ( ) Mobile Home (✓) Business ( ) Other Replacing M.H. destroyed by "Hugo" w/another MH same # of bedrooms

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes	(✓)	No	( )	Character & Porosity of Soil
Auto. Dishwasher	Yes	(✓)	No	( )	Percolation Rate
Auto. Wash. Machine	Yes	(✓)	No	( )	Topography
Site Suitable	Yes	( )	No	( )	Depth to Water Table
					Rock or other impervious formations

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual ( ) Public ( ) {Water from Neighbors well}

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system showing no sign of malfunction at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Darrell R. Hinson, RS DATE March 7, '90

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