09171

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 Bannon Langston DATE June 23, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 (McKendree) TR 2nd 1455 (West Lakeview) .4 mile on left S. R. No. _____

SUBDIVISION NAME CLT CAKE Norman LOT NO. 1627 SECTION OR BLOCK NO. 8

House (✓) Mobile Home ( ) Business ( ) Other Relayer

No. Bedrooms 4 No. Bathrooms 3½

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable PS Yes (✓) No ( )

Lot Area 2.45 AC

Character & Porosity of Soil .4 clay

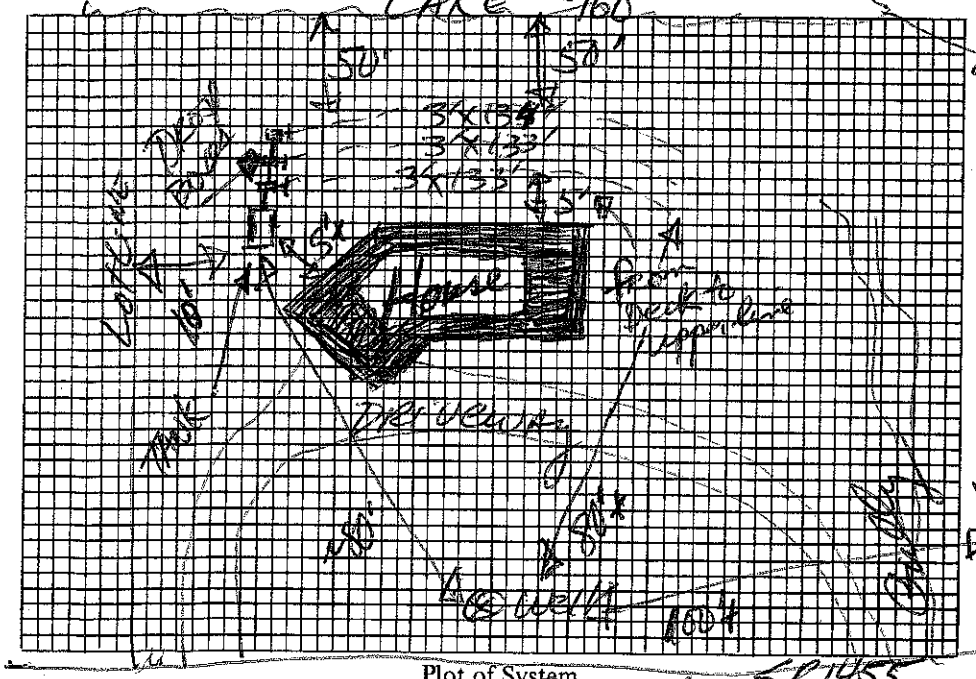
Percolation Rate _____

Topography ~10%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1200 Linear Ft. 400

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: X Bannon Langston

IMPROVEMENTS PERMIT BY Jack R. Harrison, R.S.

COMMENTS: Follow contour with drainfield. Trench bottom depth of 30". Use drop boxes to distribute effluent.

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