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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 Robert Hannibal DATE Oct 3, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1455 (E. Lakeview) TL Abbot TL Lakeview 1/4 mile on Rt. S. R. No. _____

SUBDIVISION NAME CLET LAKE NORMAN LOT NO. 1624 SECTION OR BLOCK NO. 8

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) ~~No~~ ( )

Lot Area 1.36 AC

Character & Porosity of Soil clay

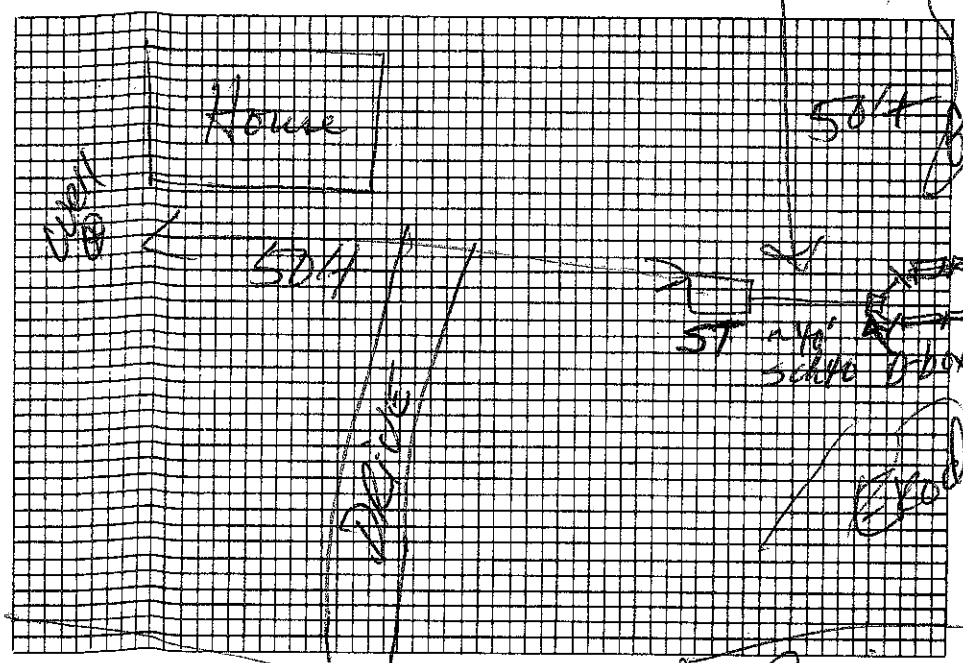
Percolation Rate ~1/4

Topography 6-15%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. _____ Linear Ft. 150'6

Depth of Stone in Lines 16" ~~12"~~

Water Supply: Individual (✓) panels

Public ( )

Installed by Richard Abernathy

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

Signed: _____

LOT LINE

Repair Area

IMPROVEMENTS PERMIT BY DH

COMMENTS: Let system air dry 2-3 days before cooking due to weekend rains. DH

SR 1455

private road

Provide adequate surface drainage around syst.

CERTIFICATE OF COMPLETION BY DH Hinson ICS DATE 10-3-88

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