07082

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 7-23-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 SR 1115 SR 1455 (E. Lakeview) TL Abbot TL Lakeview 1/8-1/4 mile on Rt S. R. No. _____

SUBDIVISION NAME CL&T Lake Norman LOT NO. 162A SECTION OR BLOCK NO. 8

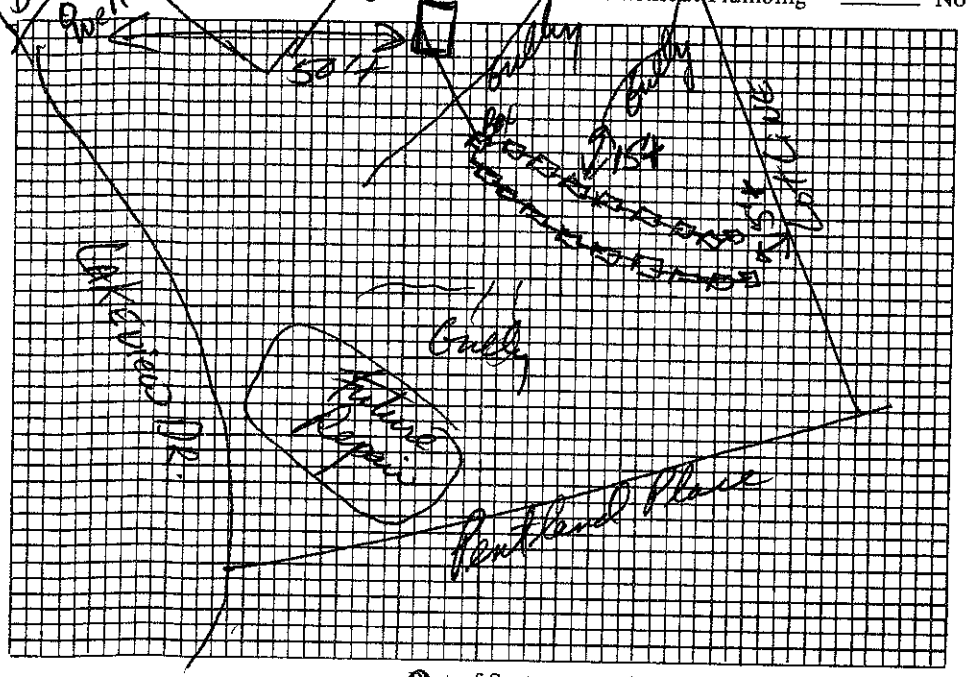
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable House Yes (✓) No ( )
Lot Area 1.36 Ac

Character & Porosity of Soil clay
Percolation Rate 2.4
Topography 6-15% gullied
Depth to Water Table 4'+0
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 150' ea
Depth of Stone in Lines 6" + 6"
Water Supply: Individual (✓) panels
Public ( )

Installed by _____

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

Signed: Robert E Hunter

IMPROVEMENTS PERMIT BY Dave R. Hinson, R.S.

COMMENTS: Panel system drainfield to be installed shallow (6" cover) Gully between tank & drainfield to be filled in. Septic tank contractor to verify system location before attempting installation.

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