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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 Mrs A.B. Armstrong DATE Jan 21, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 SR 1177 (Chuckwood) at end SR chicken trail 2nd lot on left S. R. No. _____

SUBDIVISION NAME CLT LAKE NORMAN LOT NO. 57 SECTION OR BLOCK NO. 7

DW (to replace existing structure)

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 Yes ( ) No ( )

Character & Porosity of Soil clay

Percolation Rate ~4

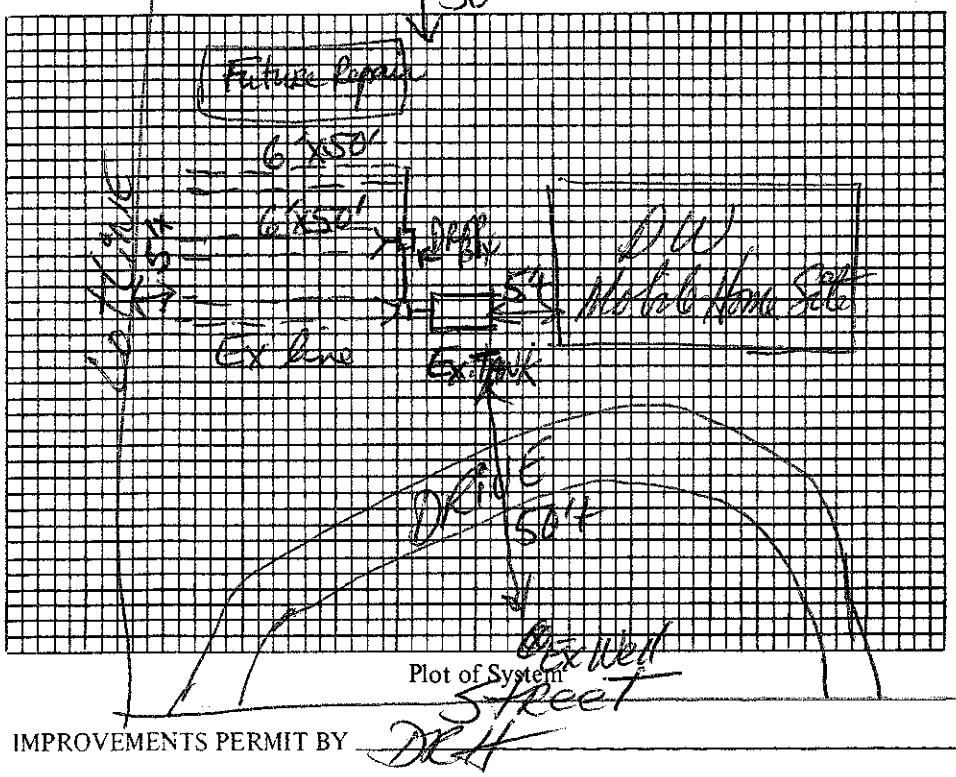
Topography 15-25%

Depth to Water Table 41+

Rock or other impervious formations some small scattered rock

Lot Area Existing

_____ Basement with Plumbing 50' Basement without Plumbing ✓ No Basement



Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2 - 6'x50' Beds

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by FJ Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Existing structure to be removed. Maintain required setbacks of system with double wide mobile home.

CERTIFICATE OF COMPLETION BY DR Hinson, R.S. DATE 1-28-88

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