07743

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 Dec 16 '87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 TR Indian Trail 2nd lot on left _____ S. R. No. _____

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

D.W. (to replace existing structure) Repair - Addition

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 _____

Percolation Rate _____

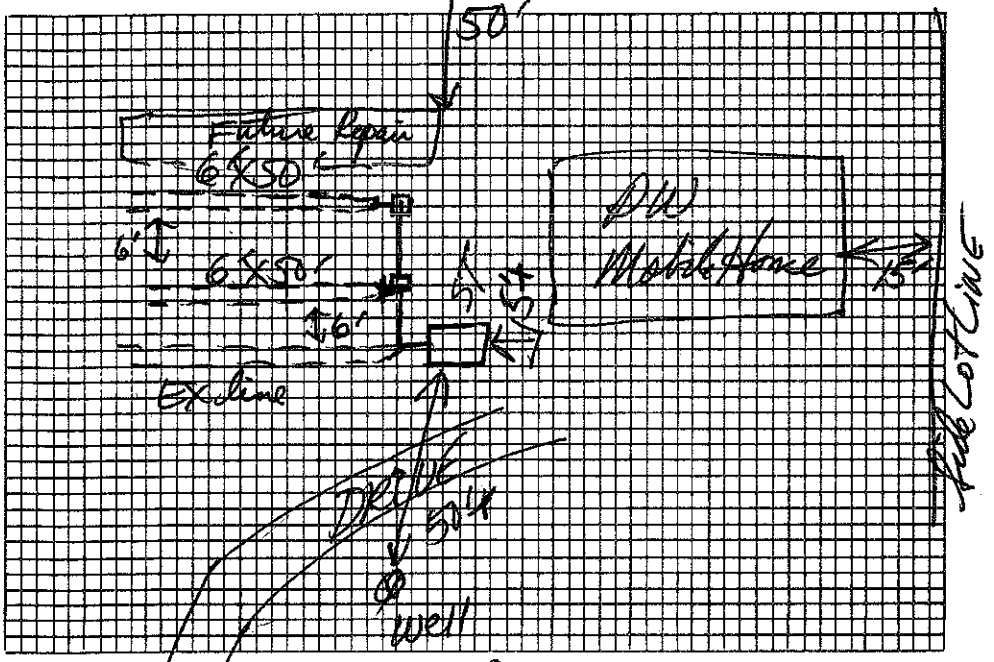
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area EXISTING LAKE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2 beds 6'x50' each

Sq. Ft. _____ Linear Ft. 200

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: James Trail

IMPROVEMENTS PERMIT BY _____ D R Henson R.S.

COMMENTS: Use drop boxes or 2 d-boxes to new drainfield. Install new field at a depth of ~30" to bottom of ditch. Pump tank if needed & check for tee".

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