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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 Calvin Mitchener DATE April 21, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 (Chickenwood Trail) TR attend onto Indian Trail ¼ mile on left S. R. No. _____

SUBDIVISION NAME Clay Lake Addition LOT NO. 57 SECTION OR BLOCK NO. 7

House (✓) Mobile Home ( ) Business ( ) Other Addition to house w/ Addn. {upgrading sewage system}

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 Existing (.7Ac)

Character & Porosity of Soil clay

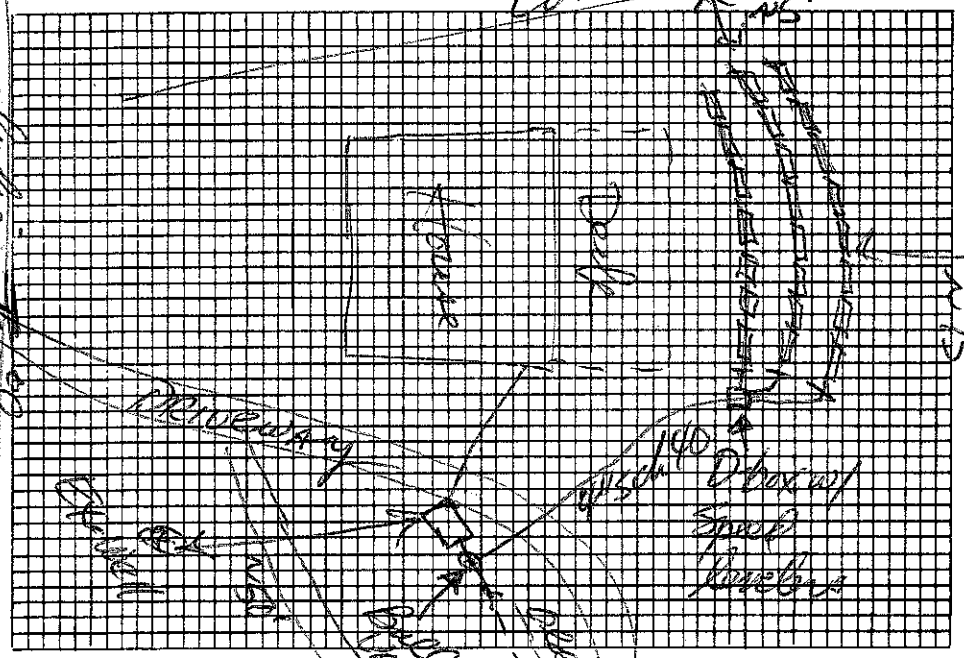
Percolation Rate 103

Topography 2-6%

Depth to Water Table 3½'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 200'

Depth of Stone in Lines 16" Top

Water Supply: Individual (✓) panels

Public ( ) g-f

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing tank used. New tee and Ball Rem valve set.

CERTIFICATE OF COMPLETION BY _____ DATE 4-21-89

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