09552

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 Feb. 9, '89 PERMIT NO.

PHONE: Business Home

LOCATION 100 TR 1177 TR Cindian Trail ~1/4 mile on left

SUBDIVISION NAME CLIFT LAKE NORMAN LOT NO. 51 S. R. No. SECTION OR BLOCK NO. 7

House (✓) Mobile Home ( ) Business ( ) Other Addition w/Addition

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes ( )	No ( )	

Lot Area Existing (.7 Ac)

Character & Porosity of Soil Arend / Grainfield clay

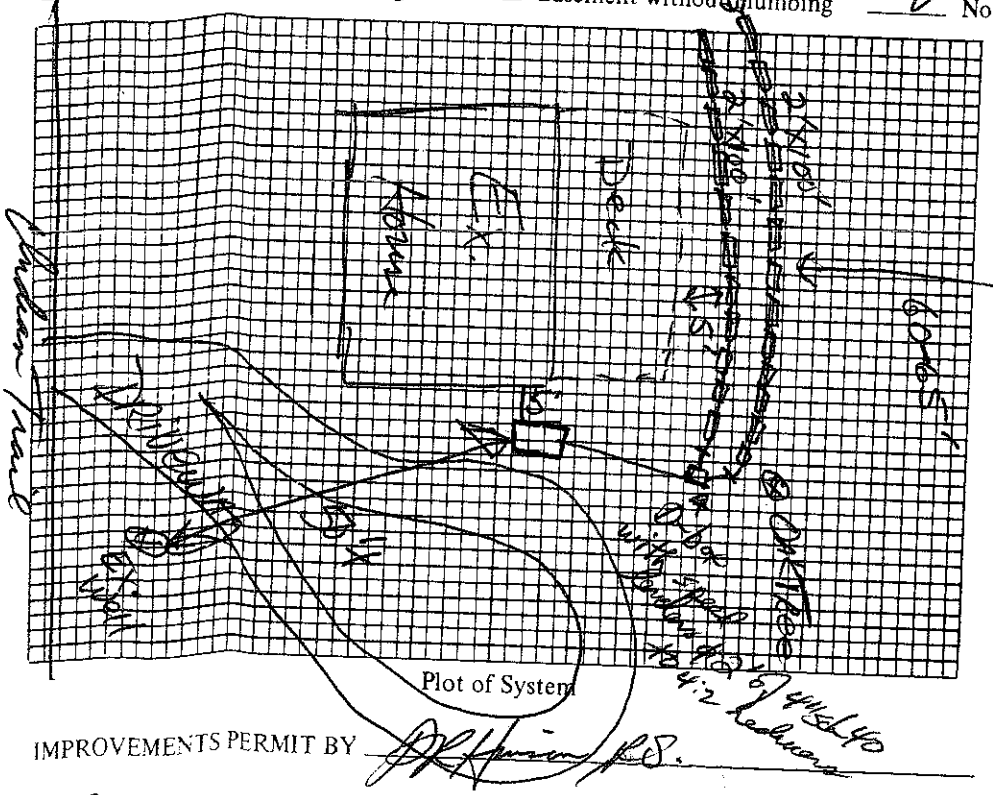
Percolation Rate 4, 3

Topography 2 to

Depth to Water Table ~3½'

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. 200' ea
Depth of Stone in Lines 6" + 24"
Water Supply: Individual (✓) panels gravity flow
Public ( )

Installed by

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

Signed: [illegible] by K. Clay

IMPROVEMENTS PERMIT BY [illegible]

COMMENTS: Panel drainfield must be put in as shown (ie starting 5' off deck) and no deeper than 28" to trench bottom. Abandon old system that is presently under driveway.

CERTIFICATE OF COMPLETION BY

EXISTING SYSTEM CHECKED BY: DATE

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE

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