08811

Type 4 Inspect

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

4626177665

OWNER OR CONTRACTOR James Brickell 664-2133 DATE June 29, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR1115 TL 2nd Kemp Rd entrance (1445) n. 3 mile on Rt. 653 Kemp Rd S. R. No. _____

SUBDIVISION NAME Clot Cable Norman LOT NO. 162 SECTION OR BLOCK NO. 8

Levine - Lot 175

House (✓) Mobile Home ( ) Business ( ) Other Addition of 2 bedrooms & 2 baths w/Addition

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ RS Yes (✓) No ( )

Lot Area ~1½ Ac

Character & Porosity of Soil clay

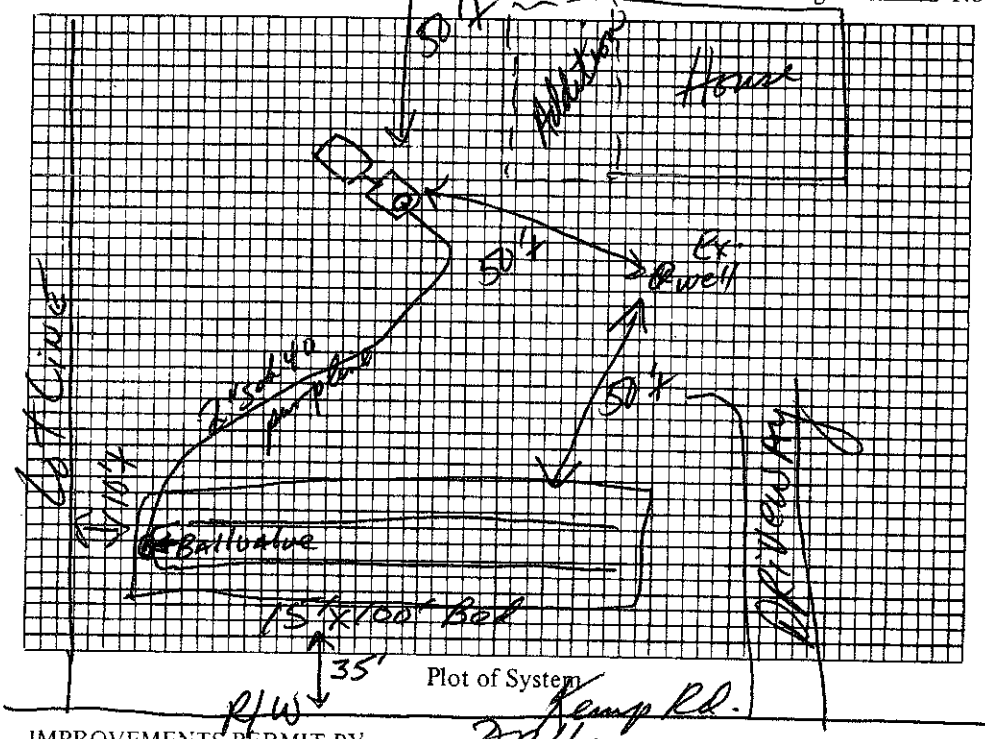
Percolation Rate .35-4

Topography 2-4%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

1000 gal pump tank

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 15' x 100' Bed

Sq. Ft. 1500 Linear Ft. 500

Depth of Stone in Lines 12"

Water Supply: Individual (✓ Existing)

Public ( )

Installed by Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: High water alarm on site, tested and working but alarm is not yet mounted. Divert driveway on left side around drainfield.

CERTIFICATE OF COMPLETION BY _____ DATE 6-29-88

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