07891

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 William M. Batchelor DATE Mar 1, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1109 TR 1115 TR 1455 (E. Lakeview) TL Abbot TR E. Lakeview 3rd lot on left S. R. No. _____

SUBDIVISION NAME Clay Lake Norman LOT NO. 270 SECTION OR BLOCK NO. 8

House (✓) Mobile Home ( ) Business ( ) Other Repair 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 ( )

Character & Porosity of Soil clay

Percolation Rate 2, 4

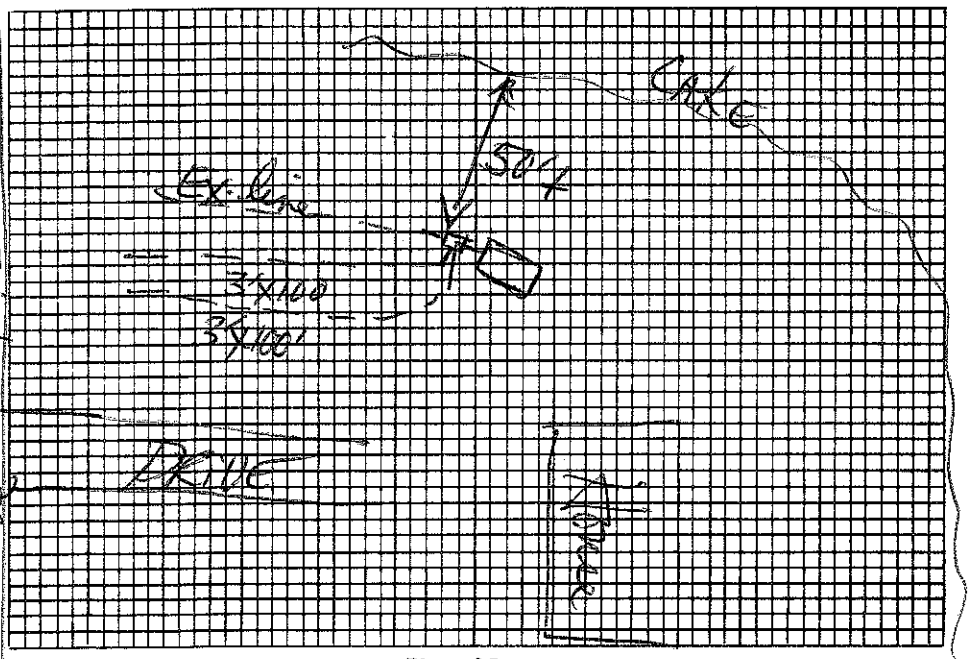
Topography 2 to 6%

Depth to Water Table 6'+

Rock or other impervious formations none obs.

Lot Area Existing

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

E. Lakeview Dr.

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual (✓) Public ( )

Installed by Ray Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY _____ DATE _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 3-1-88

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