07578

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C) 4626225345

OWNER OR CONTRACTOR Tony Owen DATE Nov. 21, '88 PERMIT NO. 20-B

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 at end TR Indian Trail .6 mile on left S. R. No. _____

SUBDIVISION NAME Cliff Lake Norman LOT NO. 1672 SECTION OR BLOCK NO. 7

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

No. Bedrooms 3 No. Bathrooms 2-3

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ RS Yes (✓) No ( )

Lot Area 2 AC

Character & Porosity of Soil clay

Percolation Rate 2.4

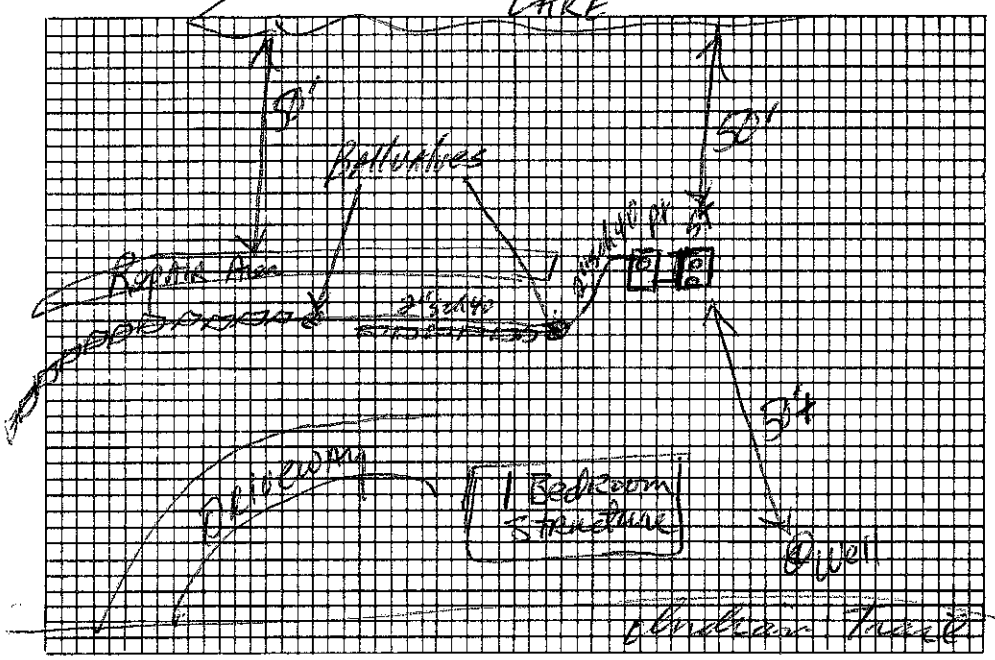
Topography 10-15%

Depth to Water Table 4ft

Rock or other impervious formations Lots of scattered rock

1250 p.t.

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. _____ Linear Ft. 150' ea

Depth of Stone in Lines 16" ea

Water Supply: Individual (✓) panels pd

Public ( )

Installed by Wayne Orbison

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: This system is designed for a maximum of a 3 bedroom structure. The structure that is presently on the lot would have to be classified as at least 1 bedroom.

CERTIFICATE OF COMPLETION BY _____ DATE 11-21-88

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