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IREDELL COUNTY HEALTH DEPARTMENT

10573

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Donald R. Allen DATE Oct. 5, '89 PERMIT NO. 2F-3-A-122

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1945 (Kemp Rd.) Approx. 2 mile on left

S. R. No. _____

SUBDIVISION NAME CLOT LAKE NORMAN LOT NO. 122 SECTION OR BLOCK NO. 8

House ( ) Mobile Home (✓) Business ( ) Other replacing Mfr. damaged by Hurricane Hugo

No. Bedrooms 2 No. Bathrooms 2

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

Character & Porosity of Soil _____

Percolation Rate _____

Topography _____

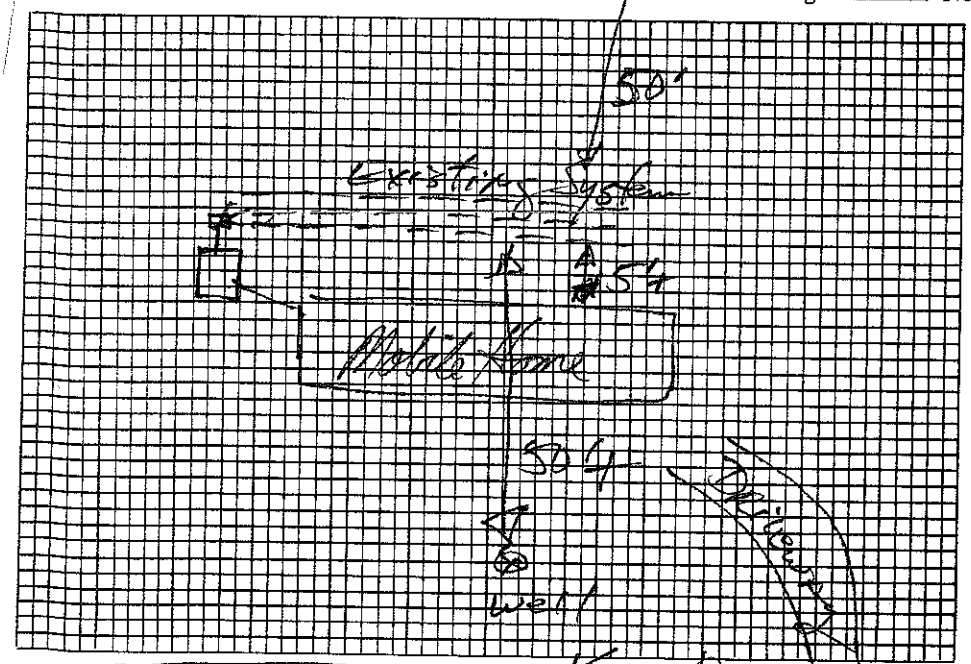
Depth to Water Table _____

Rock or other impervious formations _____

Lot Area Existing +/- 3/4 ac

LAKE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System Kemp Road

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system showing no sign of malfunction at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: [signature] R.S. DATE 10-5-89

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