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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 Vernon Lisk DATE Sept. 7, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR1115 TR 2nd Kemp Rd. ~1/4 mile on Rt.

S. R. No. 1

SUBDIVISION NAME Clt Lake Norman LOT NO. 1632 SECTION OR BLOCK NO. 8

Future Temporary

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ Yes (✓) No ( ) Lake

Lot Area 1.46 Ac

Character & Porosity of Soil AREA OF DRAINFIELD clay

Percolation Rate ~35

Topography ~6%

Depth to Water Table 3'+

Rock or other impervious formations none obs.

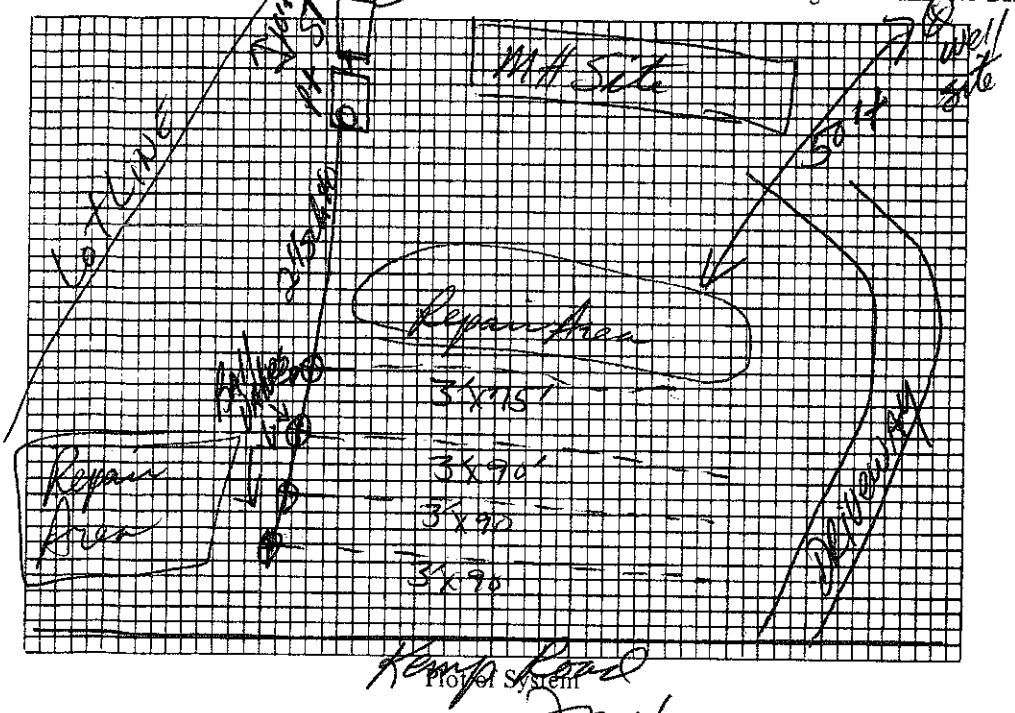
_____ Basement with Plumbing 50'+ Basement without Plumbing ✓ No Basement

1000 gal pump tank

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )



Installed by Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Well not down.
Abern checked and working but not mounted.

CERTIFICATE OF COMPLETION BY DR Hinson, RS DATE 9-7-88

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