4626328639

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 Robert Harrell DATE 10/30/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR Chuckwood TR Indian Trail Last lot on left S. R. No. _____

SUBDIVISION NAME L.K. Norman LOT NO. 18 SECTION OR BLOCK NO. 7

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

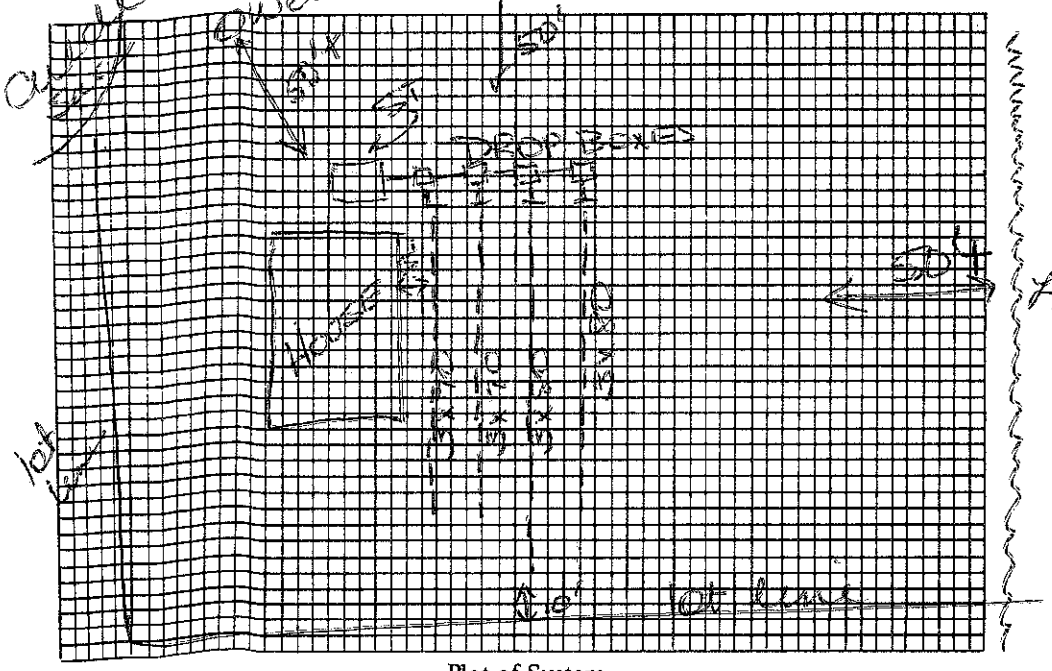
No. Bedrooms 3 No. Bathrooms 2 1/2

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

Character & Porosity of Soil Clayey
Percolation Rate 5.4 gpd/ft²
Topography 6-15%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area .5 ACRE

( ) Basement with Plumbing ( ) Basement without Plumbing (✓) No Basement



Plot of System NTS

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Lake Julian
Installed by Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: 1st 2 lines -- 70'
2nd 2 lines -- 80'
Σ = 300' linear

CERTIFICATE OF COMPLETION BY Andrew C. Price DATE 10/30/87

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