9330

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C) 4626340626

OWNER OR CONTRACTOR Ron Sherrill DATE April 10, '90 PERMIT NO. ~~2F-3-A-96~~

PHONE: Business ______ Home ______

LOCATION 1100 TR 1115 TL 1445 (Kemp Rd.) TL Cooley Rd. ~1/8 mile on left S. R. No. ______

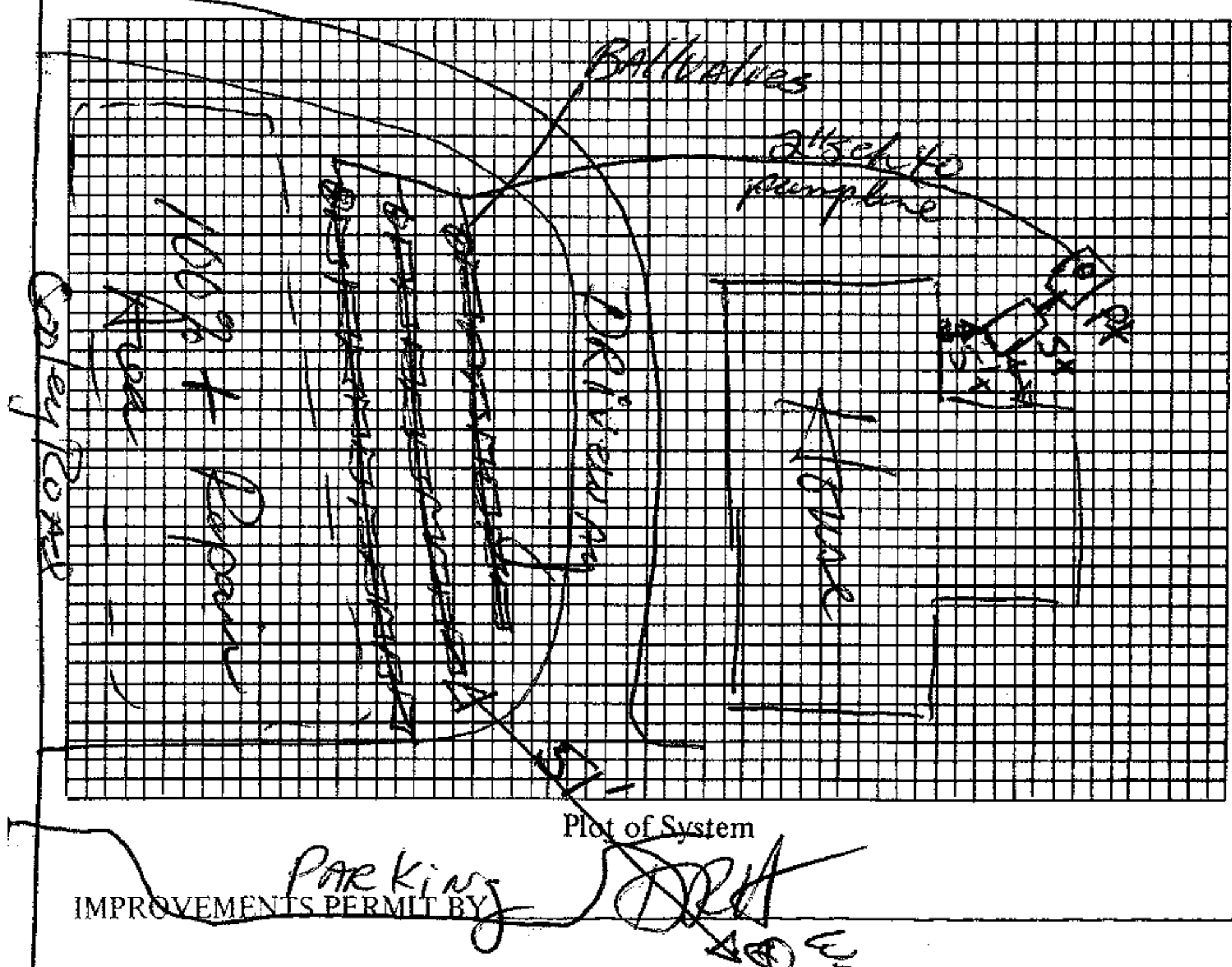
SUBDIVISION NAME CLT / LAKE NORMAN LOT NO. 96 SECTION OR BLOCK NO. 8

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

No. Bedrooms 5 No. Bathrooms 3
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ PS Yes (✓) No ( )
Lot Area ~1/2-3/4 Ac

Character & Porosity of Soil PS Clay
Percolation Rate ~.035
Topography 2-4%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

✓ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

Size of Tank 1500 Gals. 1500 pt.
Nitrification Field:
No. of Lines 3
Sq. Ft. ______ Linear Ft. 285'
Depth of Stone in Lines 16" T4
Water Supply: Individual (✓) Public ( ) panels pressure-dosed

Installed by Richard Abernathy

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

Signed: ______

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: Drainfield area topo changed by grading; lines follow new contour. Alarm tested & working but not yet permanently mounted.

Operation permit

CERTIFICATE OF COMPLETION BY David R. Henson, EHS DATE 4-10-90

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