08184

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 Shirley T. Wilson DATE Aug. 25, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 SR 1115 TR 1445 TR 1257 (Agnew) ½ mile on Rt. S. R. No. _____

SUBDIVISION NAME Clot Lake Norman LOT NO. 1648 SECTION OR BLOCK NO. 8

House ( ) Mobile Home (✓) Business ( ) Other Area of Drainfield

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable PS & LAKE Yes (✓) No ( )

Lot Area 1 Act +

Character & Porosity of Soil clay

Percolation Rate ~.4

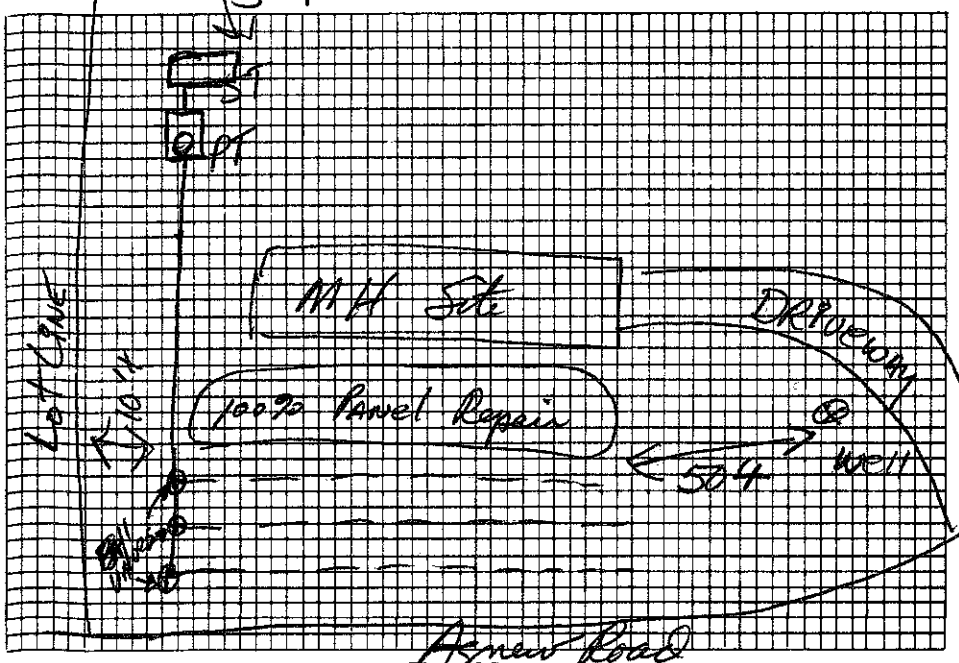
Topography 10-15%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1250 P.T.



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by A J Erwin.

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: Alarm on site, tested & working but not mounted. Electrical hookup to be checked by building inspection department. Due to close proximity of mobile home (and the area cut for the home) to the original drainfield if future (100%) repair will be to Expanel.

CERTIFICATE OF COMPLETION BY [signature] RS DATE 8-25-88

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