4626-45-9852
S8 L 1647

08120

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 Rick Wilson DATE Aug 8/88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 SR 1115 (McKendree) TR 1445 (Kemp) TR 1257 (Agnews) ~ 1/8-1/4 mi. on Rt. S. R. No. _____

SUBDIVISION NAME CL&T (LAKE NORMAN) LOT NO. 1647 SECTION OR BLOCK NO. _____

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~~ PS Yes (✓) No ( )

Lot Area 1 Act

Character & Porosity of Soil clay

Percolation Rate 2.3

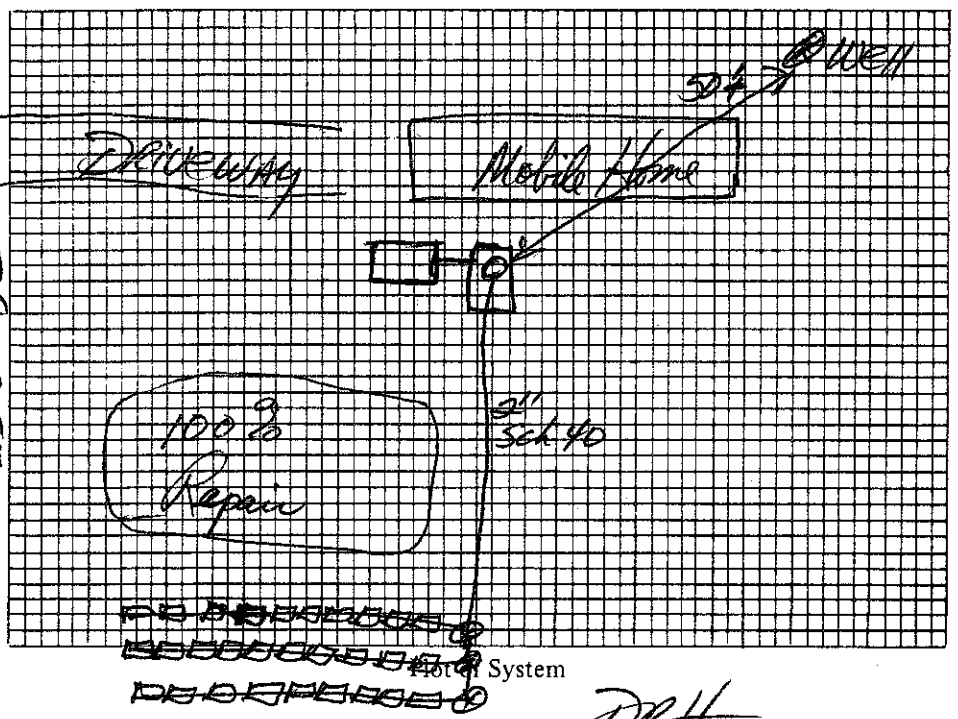
Topography 10-15% 4%

Depth to Water Table 4'

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1500 gal p.t.



Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. ~210'

Depth of Stone in Lines 16" T&T

Water Supply: Individual (✓) panels pressure dosed

Public ( )

Installed by Cam Const.

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Alarm checked & working but not mounted inside home

Electrical hookup needs to be outside access riser.

CERTIFICATE OF COMPLETION BY _____ DATE 8-8-88

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