4626-54-4650

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 Charles Saunders DATE 11-25-85 PERMIT NO. 488

PHONE: Business _____ Home _____

LOCATION 400 TR 1222 TR 1257 (Agnew) a ½ mile on left

S. R. No. _____

SUBDIVISION NAME LAKE NORMAN LOT NO. 27 SECTION OR BLOCK NO. 8

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

No. Bedrooms 3 No. Bathrooms 2½

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

Lot Area ~3/4 Acre

Character & Porosity of Soil Clay / Yellow, Mottling present

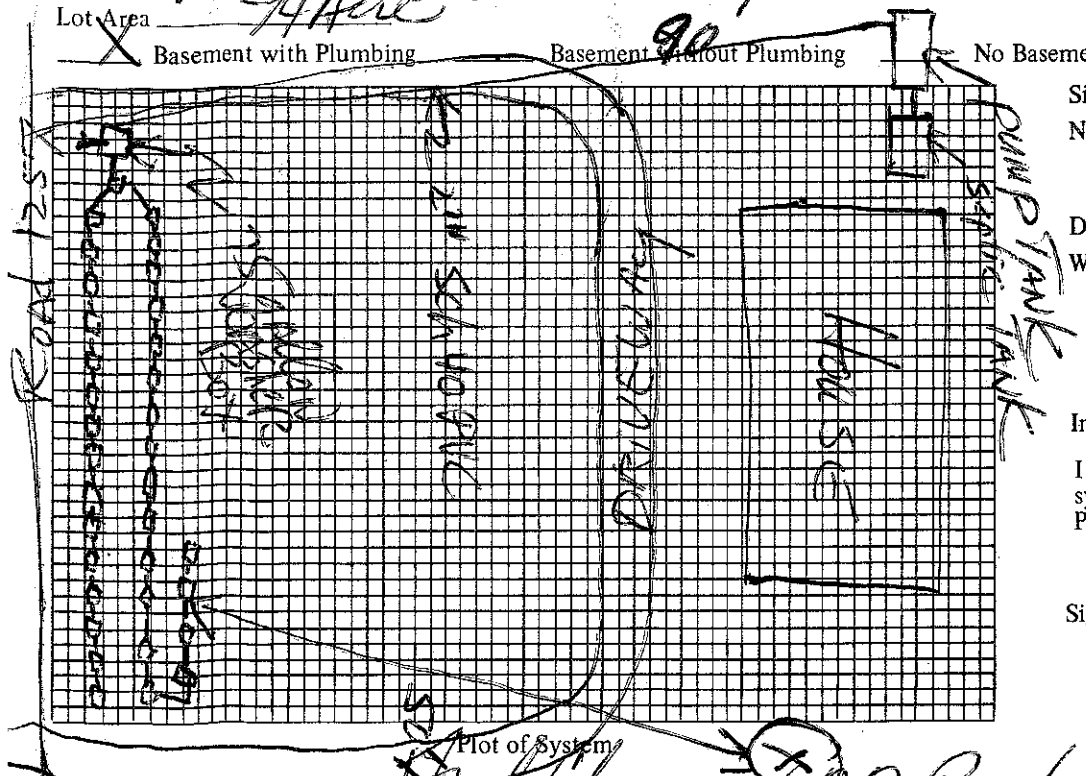
Percolation Rate 0-4 gal/ft/day

Topography 10-15%

Depth to Water Table _____

Rock or other impervious formations NONE obs

(X) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement



(X) Plot of System

Size of Tank 1000 Gals. 1000 gal pump

Nitrification Field: 275 gal/washer

No. of Lines 2 60'

Sq. Ft. _____ Linear Ft. 200 FT

Depth of Stone in Lines 24" FT

Water Supply: Individual (X) Public ( ) 8 LINES

Installed by J. ERVIN CO.

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

Signed: _____

IMPROVEMENTS PERMIT BY Ted Clemmer D.R. Barley, R.W. Johnson, and Kelly Shue

COMMENTS: Pump not installed

CERTIFICATE OF COMPLETION BY Ted Clemmer DATE 11-25-85

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