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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 J. H. Benton DATE August 7, 89 PERMIT NO. 2L-2-A-420A

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1215 (Grasshopper) Bear left at forks ~ 1/10 mile on left S. R. No. _____

SUBDIVISION NAME CL&T Lake Norman LOT NO. 420-A SECTION OR BLOCK NO. 8

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	Yes ( )	No ( )	

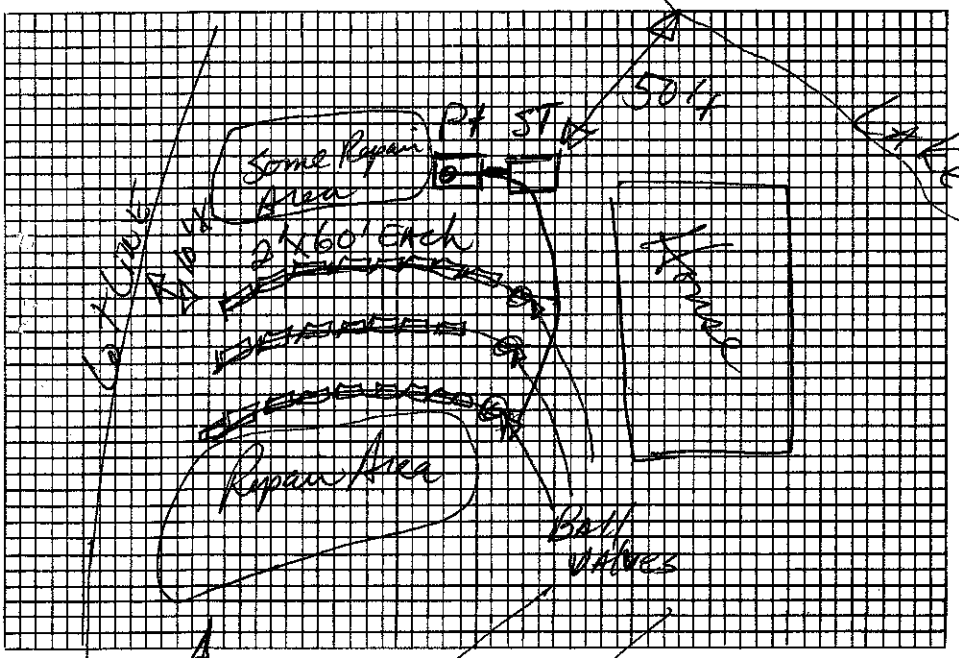
Character & Porosity of Soil Clay to hard weathered Saprolite
Percolation Rate ~ 2-3
Topography ~ 10-15%
Depth to Water Table 4'+
Rock or other impervious formations hard weathered Sap ~ 30"+

Lot Area ~ .702 Ac

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

1000 p.t.
Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 180'
Depth of Stone in Lines 16" Tot
Water Supply: Individual (✓) panels pressure dosed
Public ( )



Plot of System

Installed by Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY R. Lyons, RS DATE Aug 7, 89

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