4626-79-9152
5'8L1563

08645

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 Chester Reaves DATE Oct 7, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1234 (Beech Tree Rd.) TR King's X Rds. 1/8-1/4 mile on Rt. S. R. No. _____

SUBDIVISION NAME CL&T LAKE NORMAN LOT NO. 1563 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~~ RS Yes (✓) No ( )

Lot Area 1.14AC.

Character & Porosity of Soil clay

Percolation Rate _____

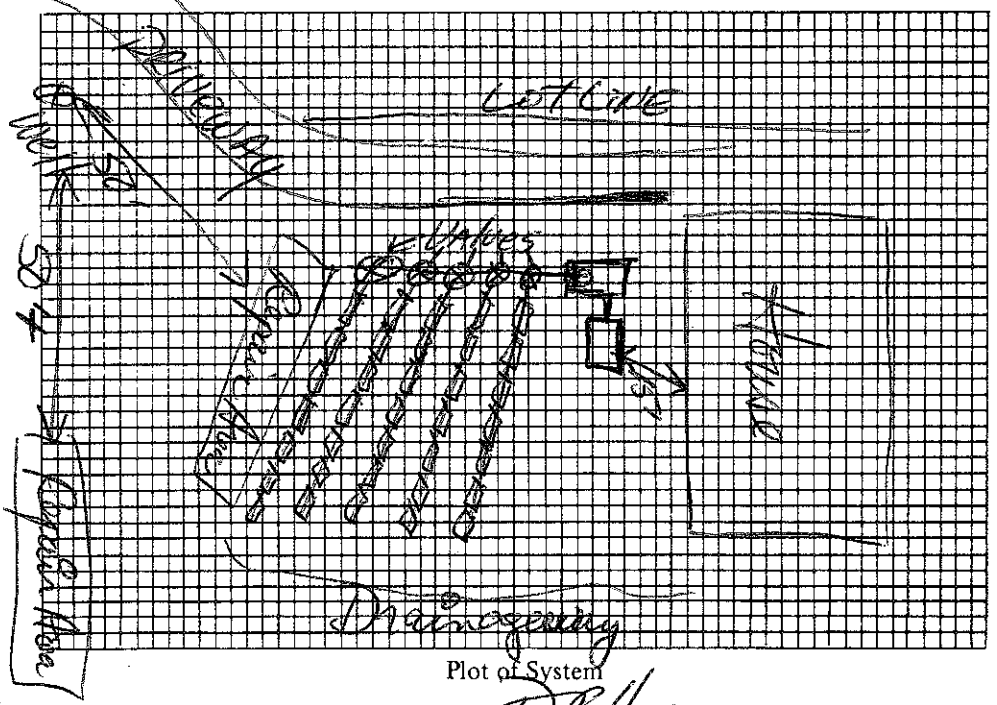
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

1250 g.t.

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. _____ Linear Ft. 200'

Depth of Stone in Lines 16" Top

Water Supply: Individual (✓) panels

Public ( ) pvc

Installed by A J Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Alarm checked and working, but not mounted.

CERTIFICATE OF COMPLETION BY D R Hinson RS DATE 10-7-88

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