3:00

07495

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 Kevin Murray DATE Oct. 16, 87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1455 (E. Lakeview) TL Abbot TR Lakeview .4 mile on left S. R. No. _____

SUBDIVISION NAME Clt Lake Norman LOT NO. 278 SECTION OR BLOCK NO. 8

House (✓ w/ Addition) Mobile Home ( ) Business ( ) Other Addition of 1 bedroom & bath

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

Percolation Rate 2-4

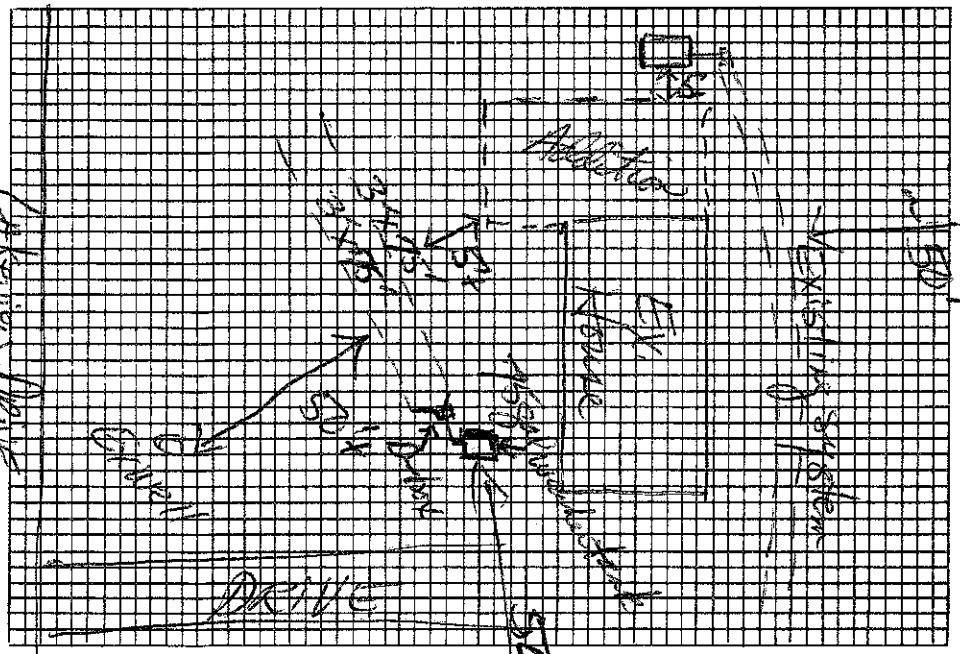
Topography 4-8%

Depth to Water Table 4'+

Rock or other impervious formations _____

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 75 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 450 Linear Ft. 150

Depth of Stone in Lines 12"

Water Supply: Individual (✓) Public ( )

Installed by _____

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

Signed: X Kevin L. Murray

IMPROVEMENTS PERMIT BY Dick R. Henson, RS

COMMENTS: Separate washer plumbing to new system. Maintain at least 5' separation between existing system and new addition.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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