4627-40-7071

08324

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 Thomas Causey DATE Oct 19, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1/00 TR 1115 TR 1457 (High Circle) TR 1st Street R next street at end S. R. No. _____

SUBDIVISION NAME CLOT LAKE NORMAN LOT NO. 401 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~~ RS Yes (✓) No ( )

Lot Area ~3/4AC

Acres of Braunfield clay

Character & Porosity of Soil clay

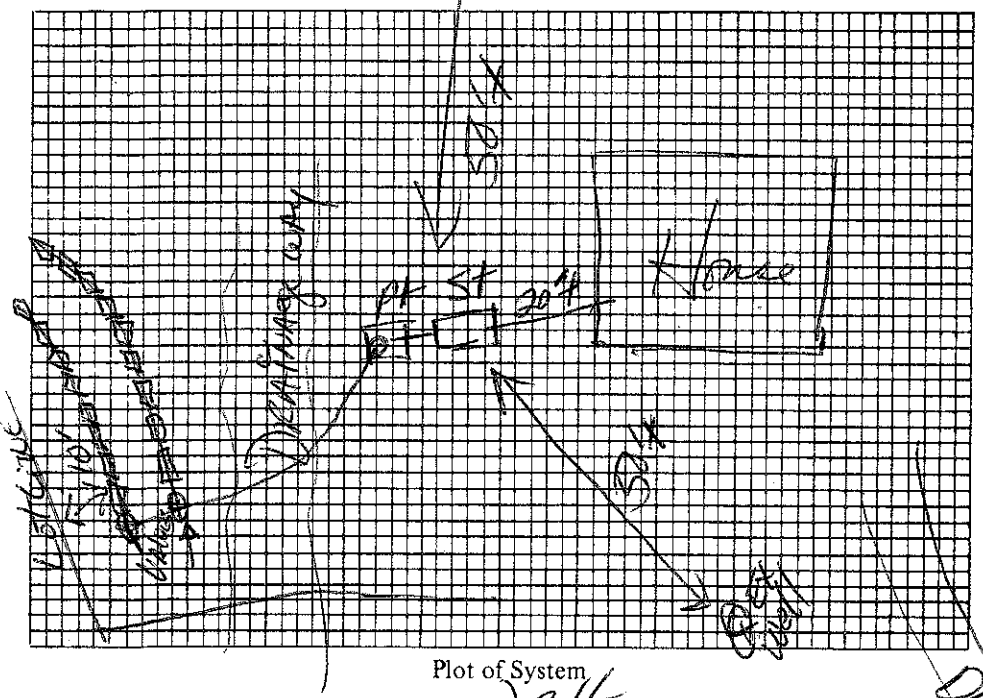
Percolation Rate 2.35

Topography 20-25%

Depth to Water Table 4ft

Rock or other impervious formations none obs.

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. _____ Linear Ft. 180' 160'

Depth of Stone in Lines 16"

Water Supply: Individual (✓) panels pvc

Public ( )

Installed by Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Alarm working but not mounted

CERTIFICATE OF COMPLETION BY _____ DATE 10-1988

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

mit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making rovements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold