4627-40-9545

08868

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 Howard Lewis DATE Oct 18, 88 ~~PERMIT~~ Quad NO. 20-B

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1457 (High Circle) Bear Ct. at Lakes TR 2nd drive S. R. No. _____

SUBDIVISION NAME C L & T (LAKE NORMAN LOT NO. 398 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~~ IS Yes (✓) No ( )

Character & Porosity of Soil clay

Percolation Rate 2 @ 35

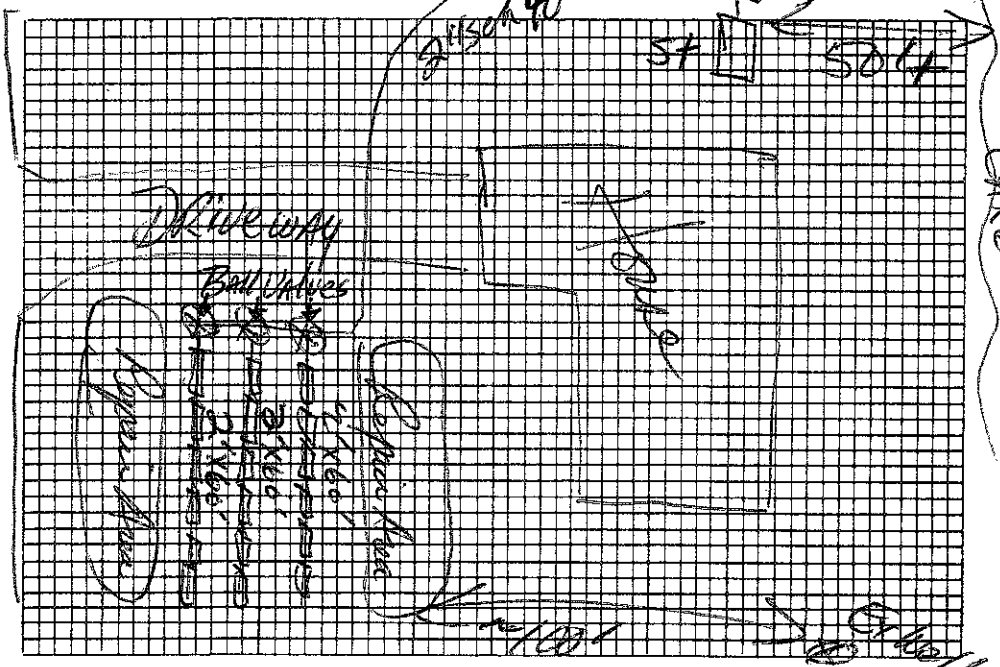
Topography 8-10% 47 Left Line 140

Depth to Water Table _____

Rock or other impervious formations none obs.

Lot Area .7 Ac

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



1250 p.t.

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 180'

Depth of Stone in Lines 16"

Water Supply: Individual (✓) gravels

Public ( ) p-d

Lake

Installed by Owen Septic Tank

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

Signed: _____

IMPROVEMENTS PERMIT BY DBH

COMMENTS: Alarm checked and working, but not mounted.

CERTIFICATE OF COMPLETION BY D. B. Johnson, RS. DATE 10-18-88

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