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 Tommy Weeks DATE March 1, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR Dezh Circle Bear Rt at forks in 2nd curve bear Rt ~300' on left S. R. No. _____

SUBDIVISION NAME CLOT CAKE Norman LOT NO. 378 SECTION OR BLOCK NO. 8

House (✓) Mobile Home ( ) Business ( ) Other Repair near access road

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ P.S. Yes (✓) No ( )
Lot Area 20000 ~~FF~~ 760

Character & Porosity of Soil sandy clay
Percolation Rate 2.4
Topography 2-5% 4+
Depth to Water Table _____
Rock or other impervious formations some scattered rock

LAKE

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement

1000 gal pump tank

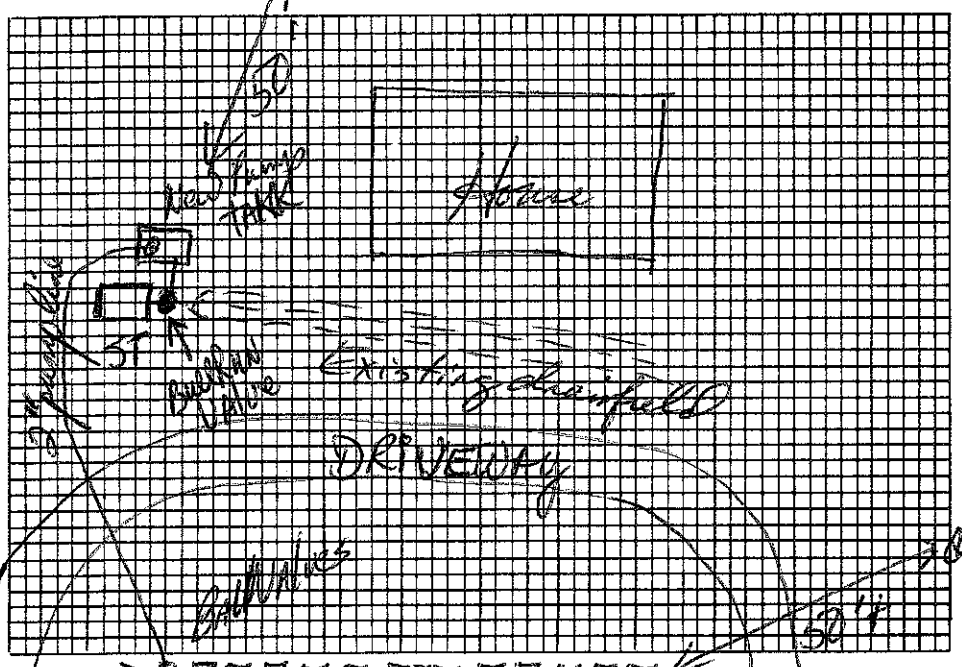
Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 2 lines of panels
Sq. Ft. _____ Linear Ft. 2 135'
Depth of Stone in Lines 16-24"
Water Supply: Individual (✓) T&J
Public ( ) panels
pressure-dose

Installed by _____

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

Signed: _____



IMPROVEMENTS PERMIT BY DR Hamrick, RS.

COMMENTS: R/W Access Road

Follow contour. Install drainfield with 6" cover
Two 5/32" holes/panel; 15 panels/ditch; 2' pressure head.

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