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 Gibson L. Smith DATE 12-15-83 PERMIT NO. 235

PHONE: Business _____ Home _____

LOCATION 1100 TL 1115, TR 1215, bear left at forks .3 Mile TL Rhonehill Drive Lot on left S. R. No. 1215

SUBDIVISION NAME LAKE NORMAN LOT NO. 425 SECTION OR BLOCK NO. 8

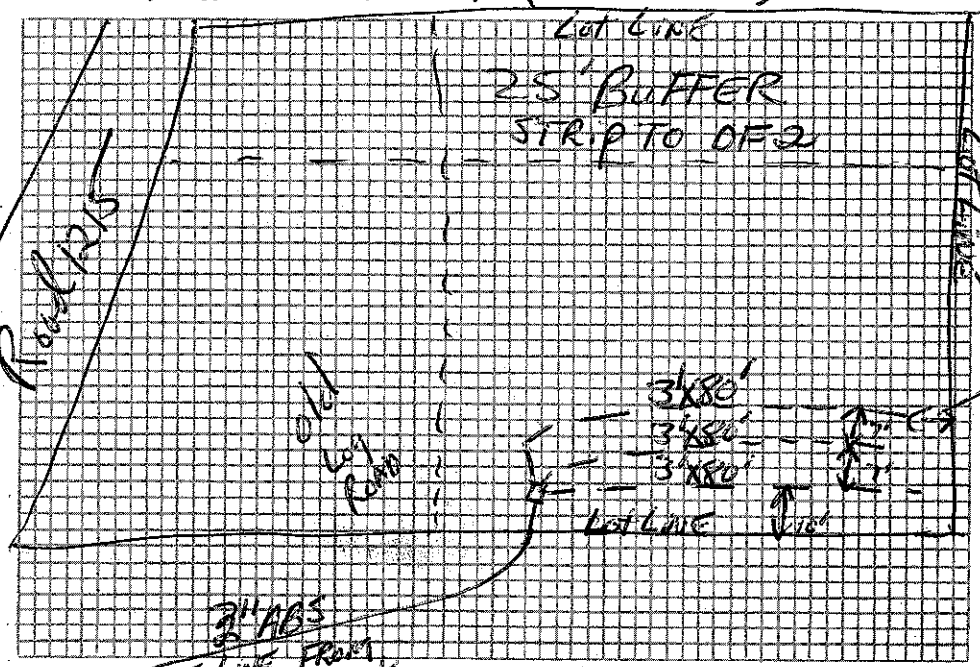
House (X) Mobile Home ( ) Business ( ) Other _____ DRAIN Field AREA 1

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay loam
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0.5 gal/ft/day
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2 to 6%
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4+
			Rock or other impervious formations	None observed

Lot Area 0.70 ACRE, Lot 425

DRAINFIELD AREA 1 (0.25 ACRE)



Plot of System

Size of Tank 1000 Pump TANK Gals.

Nitrification Field: No. of Lines ~~3~~ 4 Sq. Ft. ~~240~~ Linear Ft. ~~240~~

Depth of Stone in Lines 12"

Water Supply: Individual (X) Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Glenmer

COMMENTS: See Required pump Specifications; use Schedule 40 PVC (preferably 3") ; use 2" risers + Check valve; Sleeve PVC pipe. Garden (Road 1215); use EXISTING TANK for Kitchen TANK, set NEW 1000 gallon pump TANK; have Grill Tile Access

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