11:30

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 Claude Dollinger DATE 9-30-80 PERMIT NO. 265

PHONE: Business ______ Home ______

LOCATION 1100 TR 1178 TL 1443 TL 1444 ~1½ Mile ON R

______ S. R. No. ______

SUBDIVISION NAME Lake NORMAN LOT NO. 24 SECTION OR BLOCK NO. 9

House (X) Mobile Home ( ) Business ( ) Other ~~Repair~~ Remodeling & New system for new house

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area ~3/4 Acre

Character & Porosity of Soil Clay loam

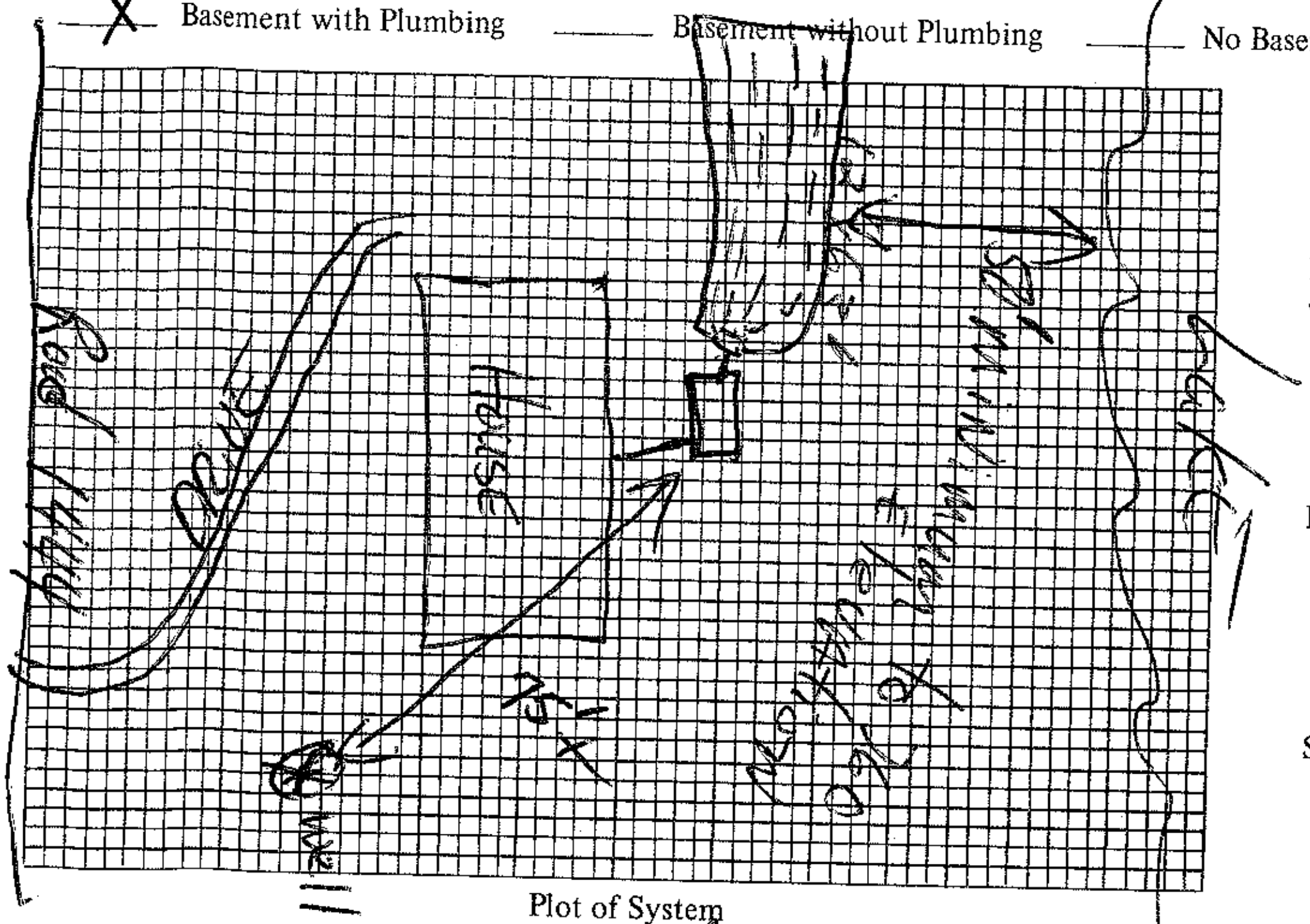
Percolation Rate 80 mpi

Topography 2-8%

Depth to Water Table 4'

Rock or other impervious formations NONE observed

X Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 750 Linear Ft. 250

Depth of Stone in Lines 16"

Water Supply: Individual (X)

Public ( )

Installed by ______

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

Signed: X F. J. Ervin

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: ______

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