4627933940

IREDELL COUNTY HEALTH DEPARTMENT

10614

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR William D. Stapleton DATE Sept. 18, '90 PERMIT NO. 2L-4-A-97

PHONE: Business _____ Home _____

LOCATION 1100 TR 1178 (Blume) TR 1443 (Beaton Path) 1.1 miles on Right S. R. No. _____

SUBDIVISION NAME CLAT CAKE Norman LOT NO. 97 SECTION OR BLOCK NO. 9

House (✓) Mobile Home ( ) Business ( ) Other _____

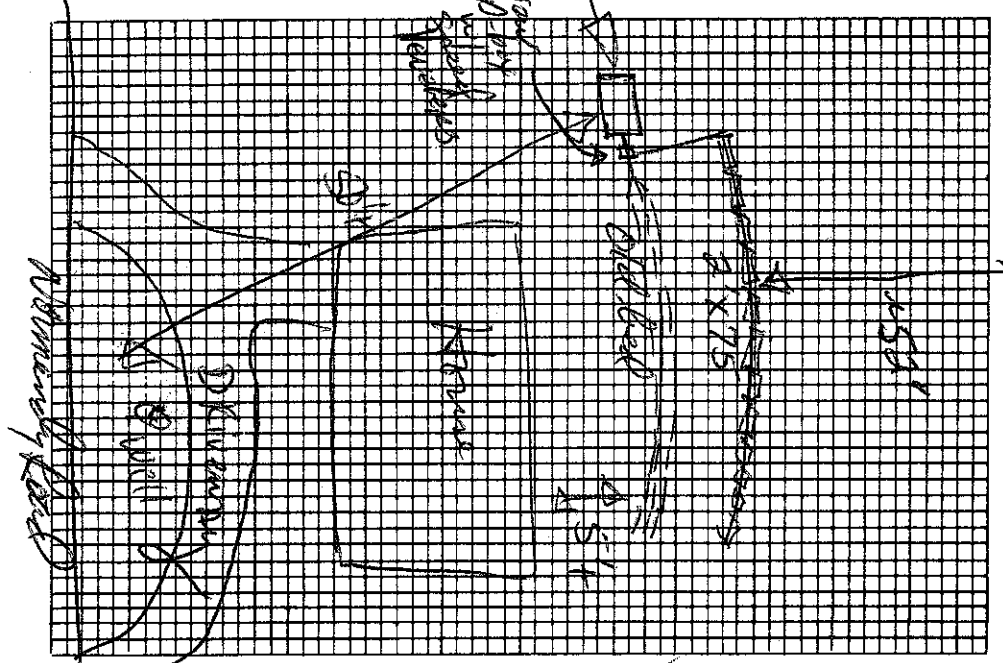
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes	( )	No	(✓)
Auto. Dishwasher	Yes	(✓)	No	( )
Auto. Wash. Machine	Yes	(✓)	No	( )
Site ~~Suitable~~ PS	Yes	(✓)	No	( )

Lot Area ½-3/4Ac.

Character & Porosity of Soil PS clay
Percolation Rate 4
Topography 4-8%
Depth to Water Table 4'
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank Existing Gals.
Nitrification Field: Old drainfield
No. of Lines + 1 New line @
Sq. Ft. _____ Linear Ft. 75' @
Depth of Stone in Lines 16" 17"
Water Supply: Individual (✓) panel panel Flow
Public ( )

Installed by Bobby Mayhew

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 9-18-90

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