22:00

07 367

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 Samuel H. Davis DATE 7-15-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150W TR 1438 (Waddell Rd.) ~¼ mile on left

_____ S. R. No. _____

SUBDIVISION NAME CLOT LAKE NORMAN LOT NO. 310 SECTION OR BLOCK NO. 11

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

No. Bedrooms 3 No. Bathrooms 2½ 7/13/87 ACP

Garbage Disposal Unit Yes (✓) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area ~¾ Ac.

Character & Porosity of Soil sandy clay

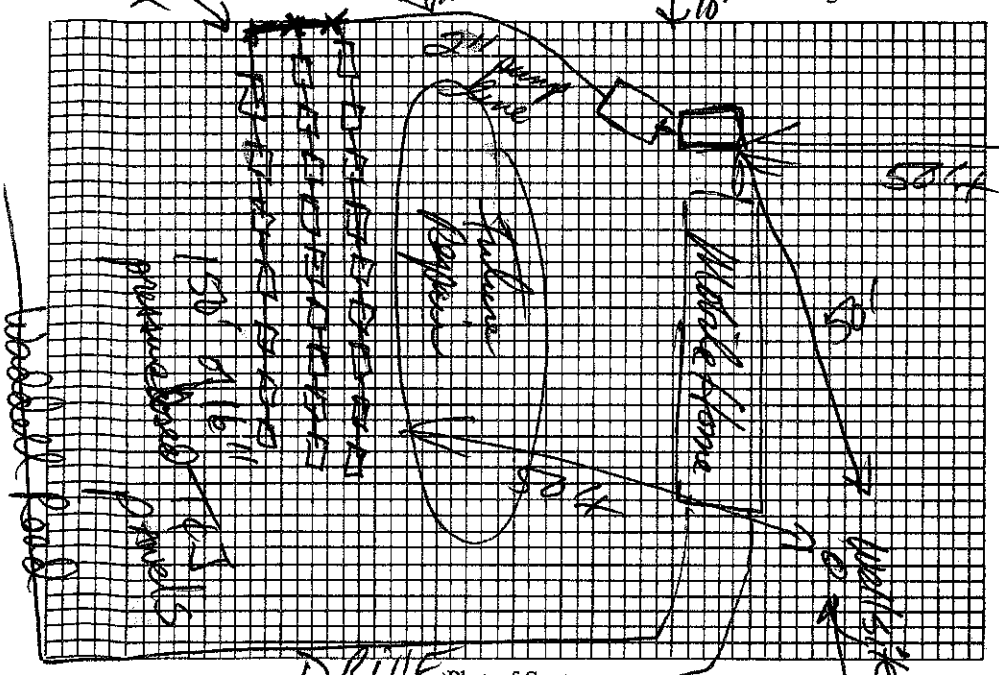
Percolation Rate n.t.

Topography 25-30%

Depth to Water Table 47+

Rock or other impervious formations Soapstone 37+

52' Basement with Plumbing 10' Basement without Plumbing _____ No Basement



1250 7/13/87 ACP
1000 pump tank
1250 7/13/87 ACP
Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 150 ea
Depth of Stone in Lines 16" TBJ

Water Supply: Individual ( ) panels pressure dosed
Public ( )

LAKE

Installed by _____

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

Signed Samuel H. Davis

IMPROVEMENTS PERMIT BY D.R. Hinson, RS. 50'

COMMENTS: Lot Line

Install panels shallow (30" max to bottom of ditch). Follow contour. Call Health Dept. for specs. before installing system.

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