4628916187

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 William F. McCoy DATE 4-10-86 PERMIT NO. 172

PHONE: Business _____ Home _____

LOCATION 150W JR (1450) Waddle Rd T2 Lot 2nd group of Hemance then TL mailbox (2nd drive on left Hemance Ln)

S. R. No. _____

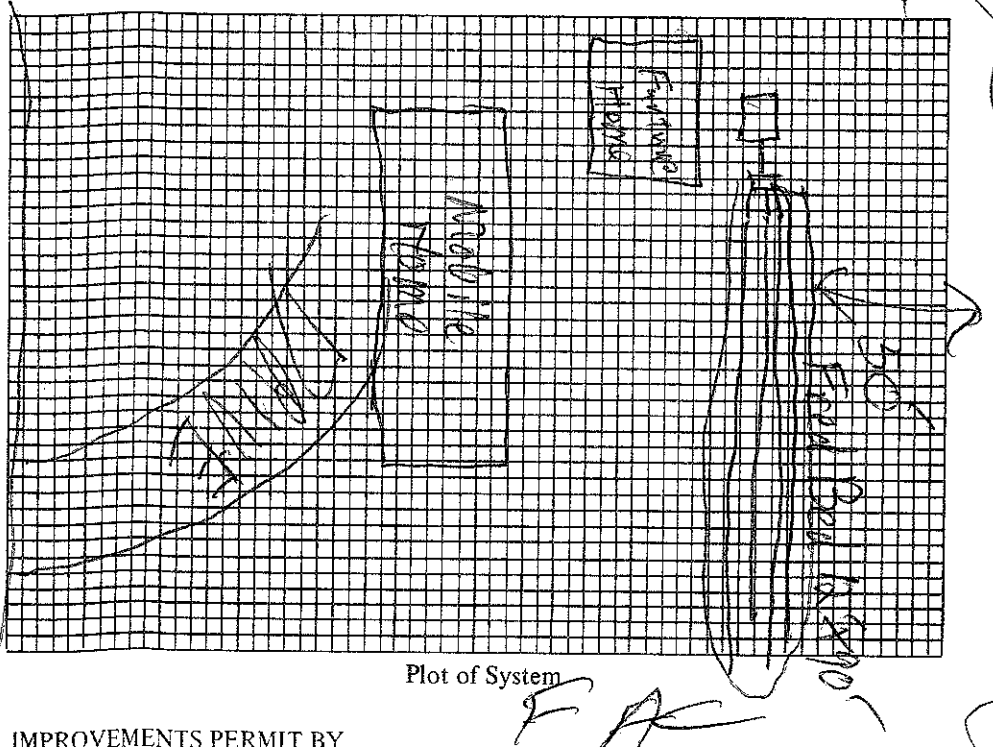
SUBDIVISION NAME Lake Norman LOT NO. 273 SECTION OR BLOCK NO. 11

House ( ) Mobile Home (✓) Business ( ) Other Furture home

| | | | | | |
|---|---|---|---|---|---|
| No. Bedrooms 3 | No. Bathrooms 2 | | | Character & Porosity of Soil | Clay silty pm |
| Garbage Disposal Unit | Yes ( ) | No (✓) | | Percolation Rate | 0.5 gal/ft²/day |
| Auto. Dishwasher | Yes (✓) | No ( ) | | Topography | 15-25% |
| Auto. Wash. Machine | Yes (✓) | No ( ) | | Depth to Water Table | 4' |
| Site Suitable | Yes (✓) | No ( ) | | Rock or other impervious formations | None obs |

Lot Area 20,000+

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank _____ Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Installed by Sayle

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles K. Bennett DATE 4-10-86

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