4628935585

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 Walker Giles DATE 11-8-85 PERMIT NO. 484

PHONE: Business _____ Home _____

LOCATION 150W TR 1438 TR Hermance Lane (1450) Attend on R S. R. No. _____

SUBDIVISION NAME Lake Norman Club LOT NO. 249 SECTION OR BLOCK NO. 11

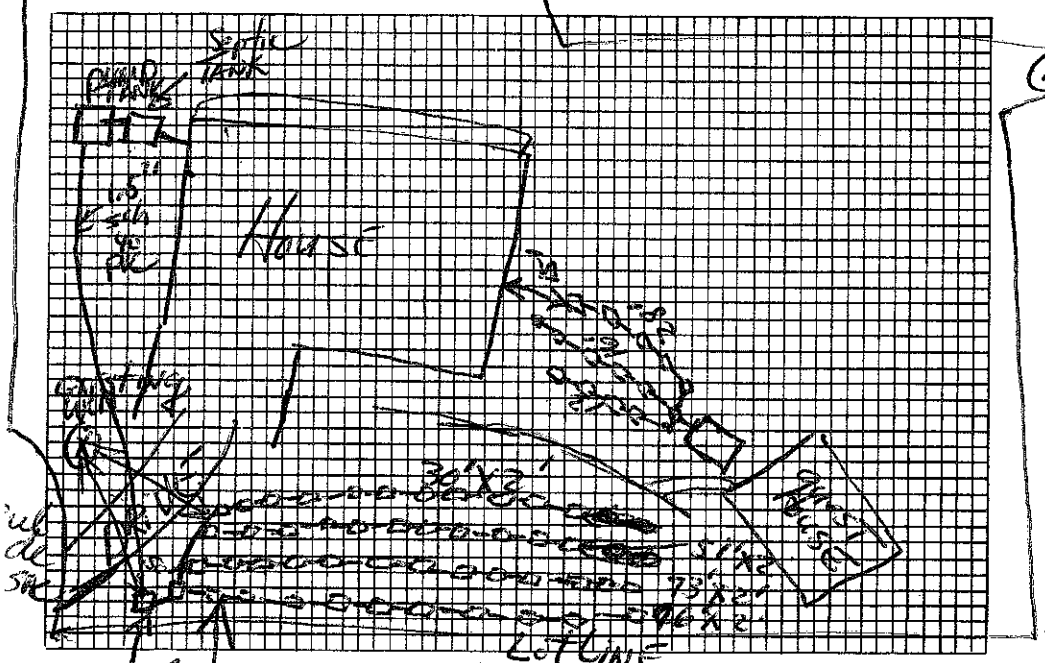
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2-3

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Silty-loam-Pit
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0.2-0.3 gal/ft²/day
Auto. Wash. Machine	Yes (X)	No ( )	Topography	~25% Slope
Site Suitable	Yes (X)	No ( )	Depth to Water Table	3'+
			Rock or other impervious formations	24"+

Lot Area 0.62 Acres

(X) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement



Plot of System

Size of Tank 1500 Gals. w/baffle

Nitrification Field: 4000 gal pump

No. of Lines 4

Sq. Ft. _____ Linear Ft. 228 LFT

Depth of Stone in Lines 16" T+T

Water Supply: Individual (X) Public ( )

Installed by J. Erwin Co.

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

Signed: _____

For guest house 1000 gal septic 56 LFT Panels 16" Panels.

IMPROVEMENTS PERMIT BY O. R. Hinson

COMMENTS: Installed as many panels as space would permit. Additionally, used 1 1/2" PVC from pump tank (line from tank to water box)

CERTIFICATE OF COMPLETION BY Paul Clement Kelly Sheets DATE 11-8-85

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