4635497782

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 Dr. Robert C. Monsoon DATE 10-31-83 PERMIT NO. 374

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112, TR 1257 (MARINA LANE)
N block TL Southward OR Lot on R S. R. No. _____

SUBDIVISION NAME Marina Village LOT NO. 19 SECTION OR BLOCK NO. _____

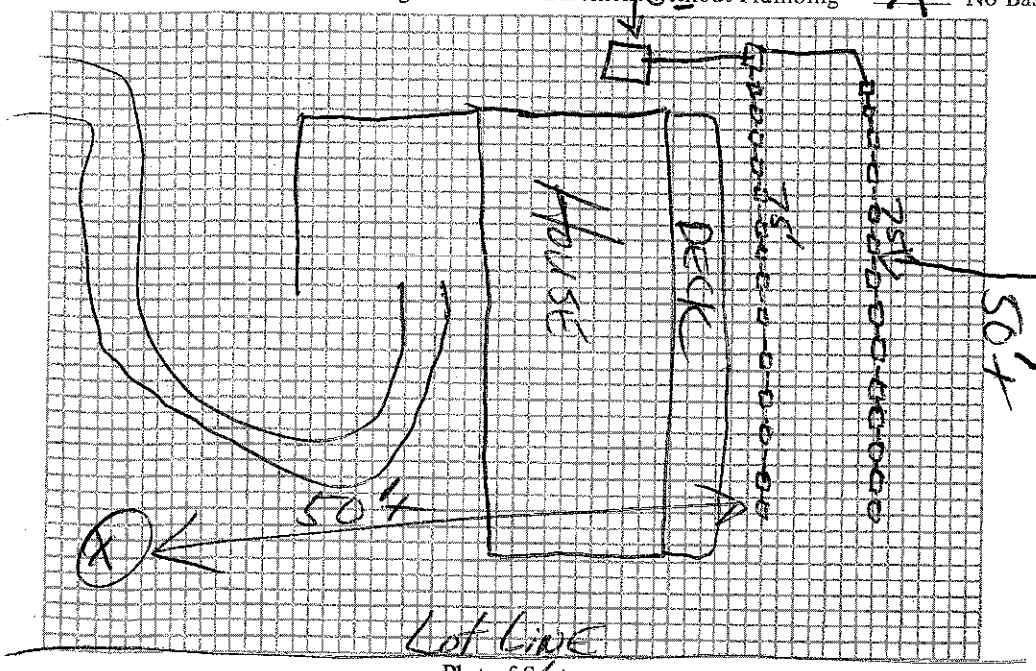
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area 20,000 FT²

Character & Porosity of Soil Clay loam / FT clay
Percolation Rate 0.45 gal/ft²/day
Topography 2-8%
Depth to Water Table 4'
Rock or other impervious formations None observed

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 150 LFT 24" I+J panels
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual (X)
Public ( )

Installed by Wayne Orbison

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

AKE

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer + David Hinson DATE 10-31-83

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

nit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making ovements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold