4° 30

IREDELL COUNTY HEALTH DEPARTMENT

12085

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

OWNER OR CONTRACTOR Gaylord May DATE Oct 23, '90 PERMIT NO. 24-5A-145

PHONE: Business _____ Home _____

LOCATION 1100 SR 1178 (Blume) at end

S. R. No. _____

SUBDIVISION NAME CLAT CAKE Norman LOT NO. 145 SECTION OR BLOCK NO. 9

House ( ) Mobile Home ( ) Business ( ) Other Addition of 1 bedroom, baths, etc.
w/ Addn

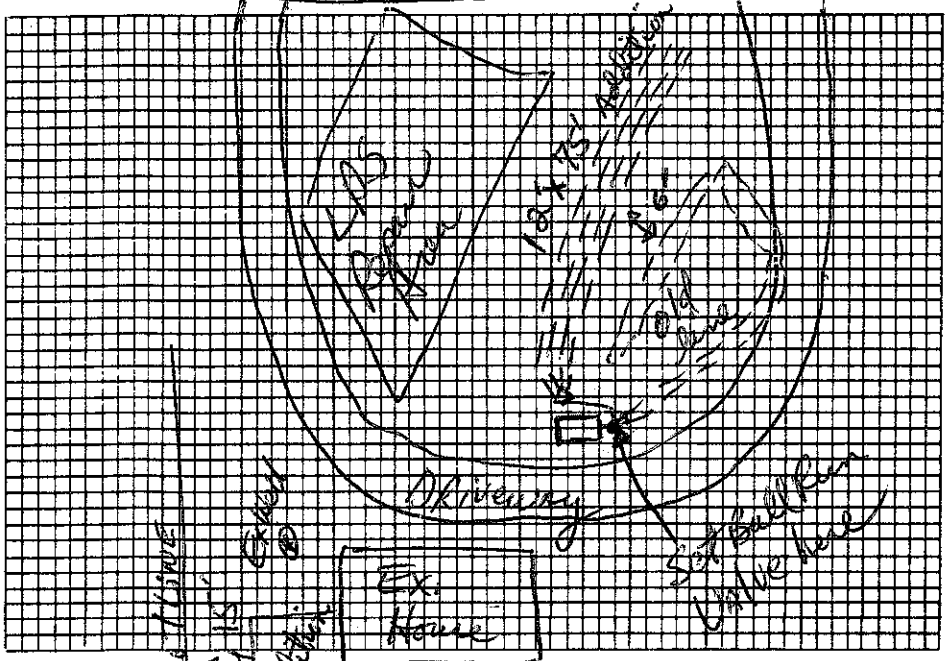
No. Bedrooms 4 No. Bathrooms 4

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

Character & Porosity of Soil ps clay
Percolation Rate 63-40
Topography 2%
Depth to Water Table 4ft
Rock or other impervious formations none obs.

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 12'x75' Bed
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public ( )

Installed by _____

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

Signed: J. Gaylord May

IMPROVEMENTS PERMIT BY David R. Hinson, EHS

COMMENTS: Use minimum fall from B.R. valve to new line & install new line no deeper than necessary.

35'+

LAKE

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