11.90

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 Tony Harrington DATE 1-3-83 PERMIT NO. 2

PHONE: Business _____ Home _____

LOCATION 1190 TR 1178 go to END TL Cully Lane 4th lot on R

SUBDIVISION NAME Lake Norman LOT NO. 142 SECTION OR BLOCK NO. 9 S. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area Existing

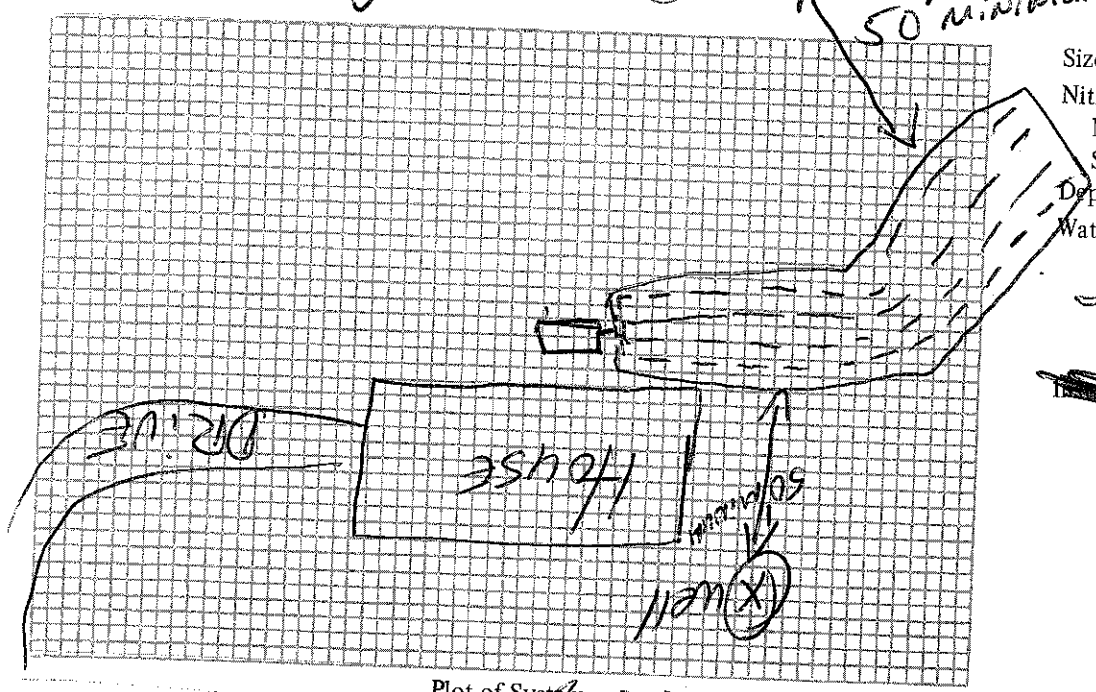
Character & Porosity of Soil Clay loam

Percolation Rate 2 - 60 - 4.10

Topography Lake

Depth to Water Table _____

Rock or other impervious formations None observed



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1080 Linear Ft. 360'

Depth of Stone in Lines 12

Water Supply: Individual (X)

Public ( )

I AGREE to install septic system similar to drawing

~~(X)~~ Tony Harrington

Line to Lake

IMPROVEMENTS PERMIT BY ~~Paul~~ Paul Clemmer

COMMENTS: Keep line as shallow as possible

Do Away with Existing Line

CERTIFICATE OF COMPLETION BY _____ DATE _____

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

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