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 Donald R. Skipper DATE 7-2-85 PERMIT NO. 305

PHONE: Business _____ Home _____

LOCATION 1100, TR 1178 TR Patternote (1240)
At end of left

S. R. No. _____

SUBDIVISION NAME LAKE NORMAN LOT NO. 1503 SECTION OR BLOCK NO. _____

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

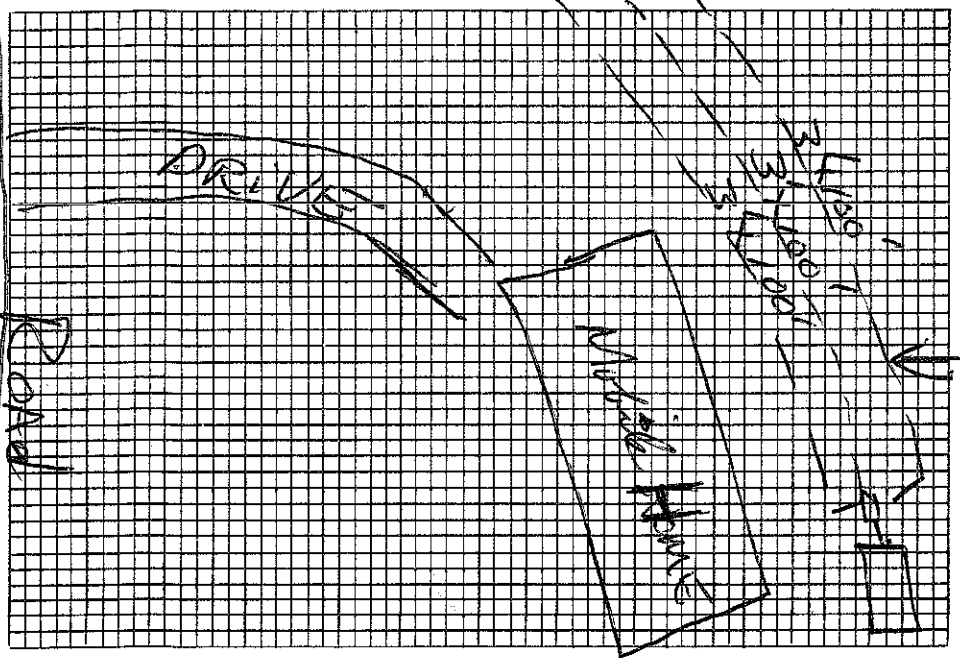
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000FT2+

Character & Porosity of Soil Clay - Silty PM
Percolation Rate 0.4 gal/ft/day
Topography 5-10%
Depth to Water Table 4'
Rock or other impervious formations NONE obs.

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by: J. ERVIN Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY CKB + JAC

COMMENTS: Well not down yet

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 7-2-85

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