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08591

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 Richard Pope DATE June 24, 88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1178 (Blume) TR Patbrode ~3/4 mile on left

S. R. No. _____

SUBDIVISION NAME CLAT Lake Norman LOT NO. 174 SECTION OR BLOCK NO. 9

House (✓) Mobile Home ( ) Business ( ) Other Repair - Addition (Addition of garage & bath)

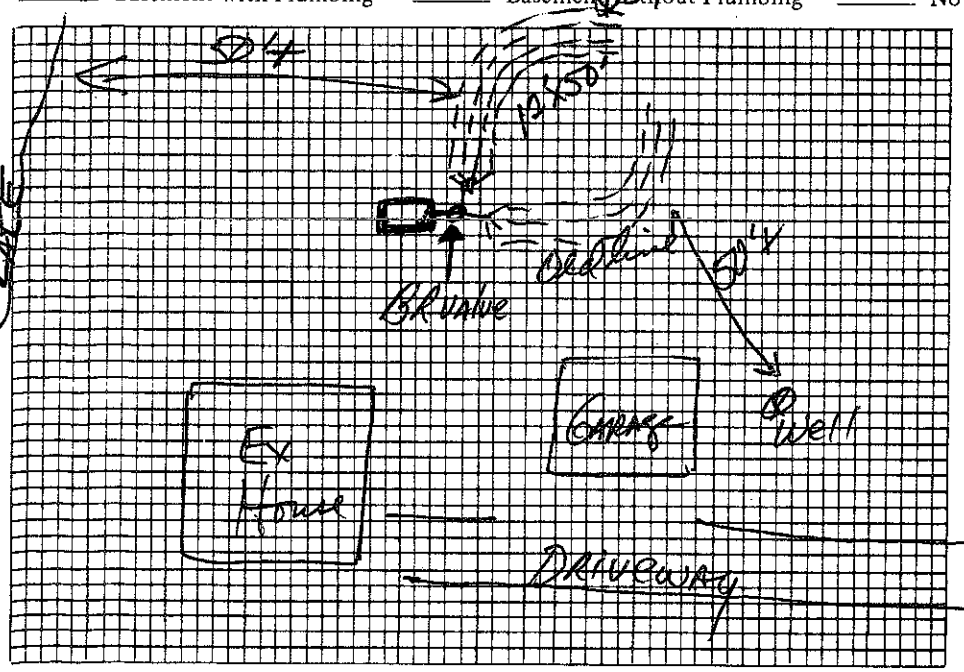
No. Bedrooms 2 No. Bathrooms 2

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

Character & Porosity of Soil clayey
Percolation Rate .2 - .3
Topography Depressional at drainfield
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area EXISTING

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 12'x50' Bed
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by H J Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 6-24-88

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

08591

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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 Richard Pope DATE April 5, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 on left SR 1178 (Blume) TR Patternote ~ 3/4 mile

S. R. No. _____

SUBDIVISION NAME CLT LAKE NORMAN LOT NO. 174 SECTION OR BLOCK NO. 9

House (✓) Mobile Home ( ) Business ( ) Other ~~Repair - Addition~~ (Addition of garage & bath)

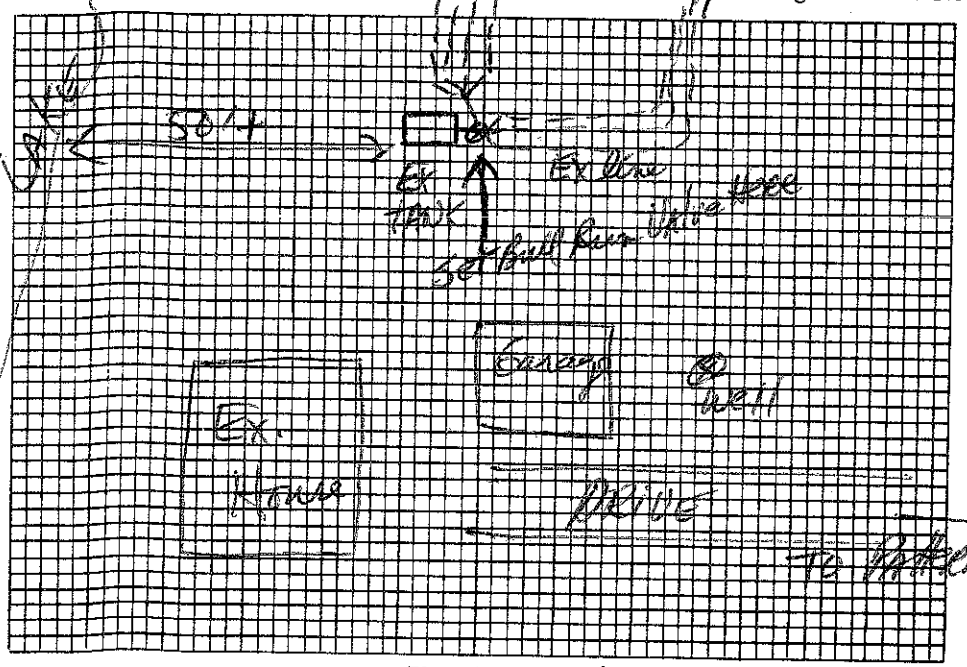
No. Bedrooms 2 No. Bathrooms 2

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

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
~~Rock or other~~ impervious formations _____

Lot Area Existing

_____ Basement with Plumbing 12/50' 15' LINE Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 12'X50' (Bed)
Sq. Ft. 600 Linear Ft. 200
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: X Richard Pope

IMPROVEMENTS PERMIT BY DR Hinson RS

COMMENTS: Set Ball Valve between ex tank and drainfield. Divert flow to new field. Uncover existing part applied and check for root stoppage. Divert surface water around system with drainage ditch. Remove or shut off irrigation system at system area.

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