10791

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 Ron Lilly DATE Dec. 4 89 PERMIT NO 2P3-A-9

PHONE: Business _____ Home _____

LOCATION 150 yds. TR 1180 (Poole Rd) on Right just past Whippoorwill

SUBDIVISION NAME Cliff Lake Heights LOT NO. 1170 SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 2.5 Ac.

Character & Porosity of Soil B3 Clay

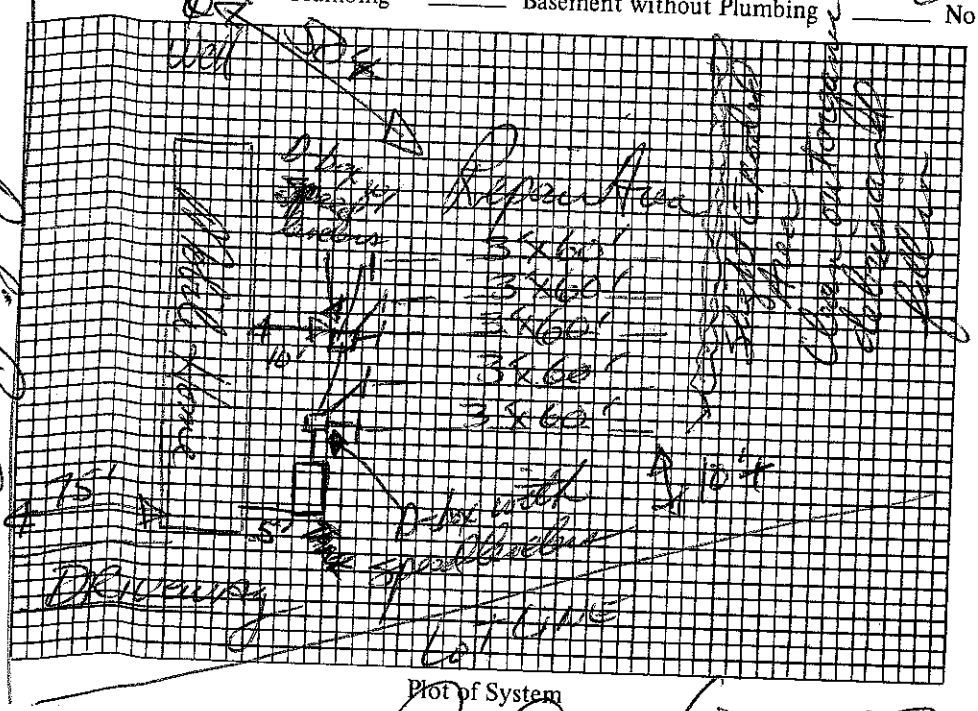
Percolation Rate 20 ↓

Topography 2-4% ↑

Depth to Water Table 4' ↑

Rock or other impervious formations more abs.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5

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: R N Lilly

IMPROVEMENTS PERMIT BY David R. Hinson, R.S.

COMMENTS: Follow contour. Maximum trench bottom depth of 36".

CERTIFICATE OF COMPLETION BY _____

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