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IREDELL COUNTY HEALTH DEPARTMENT

09997

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Marilynn Baird DATE Jan 23, '90 PERMIT NO. 2N-1-A-188

PHONE: Business _____ Home _____

LOCATION 150 W TR 1396 (Robinson Rd.) 1/2 mile on left S. R. No. _____

SUBDIVISION NAME Clay Cove Norman LOT NO. 188 SECTION OR BLOCK NO. 11

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

No. Bedrooms 3 No. Bathrooms 2½-3

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area Existing

Character & Porosity of Soil PS clay

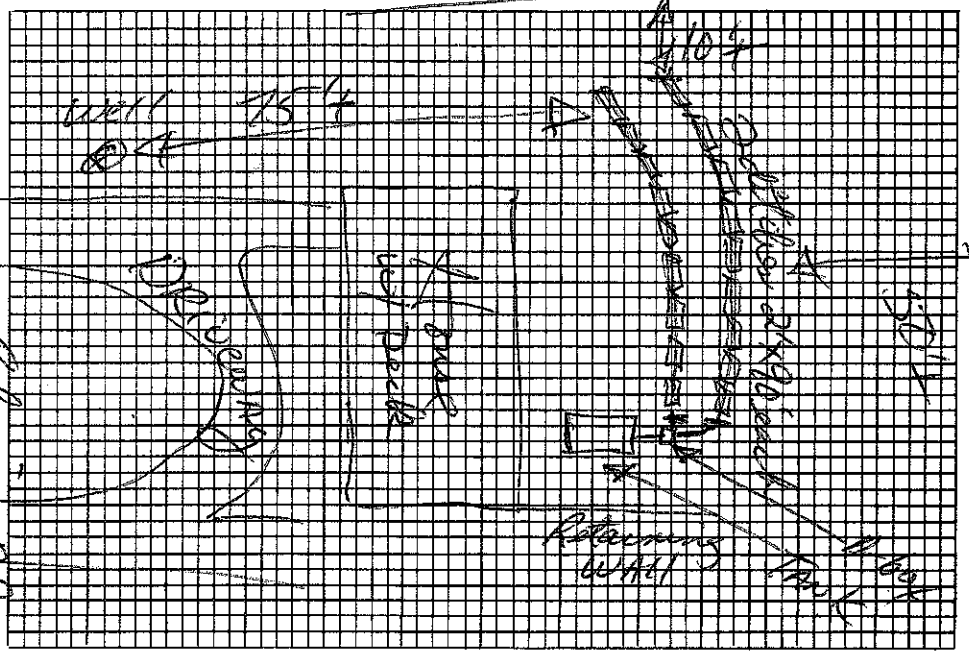
Percolation Rate 2035

Topography 2-6%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing Yes LIKE _____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. _____ Linear Ft. 180'

Depth of Stone in Lines 16" Top

Water Supply: Individual (✓) Pendulum Gravity Flow

Public ( )

Installed by D. Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature], RS DATE Jan 23, '90

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