4638 17 7783

IREDELL COUNTY HEALTH DEPARTMENT

12267

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Charles Brown DATE Dec. 14, '90 PERMIT NO. 25-5-A-66

PHONE: Business _____ Home _____

LOCATION 1303 N. TR 1300 (Fern Hill Rd.) TR 2nd Kenway Loop Bear Rt (1500') onto Adrian Lane 3rd on Rt S. R. No. _____

SUBDIVISION NAME CLAT LAKE NORMAN LOT NO. 66 SECTION OR BLOCK NO. 15

House ( ) Mobile Home (✓) Business ( ) Other replacing single wide with doublewide

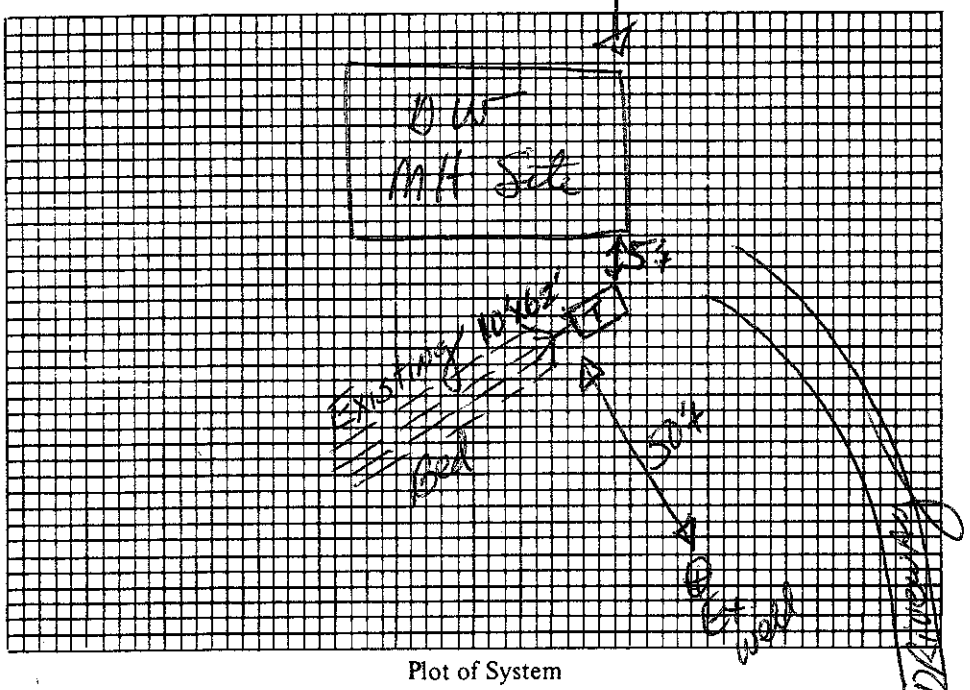
No. Bedrooms 3 No. Bathrooms 2

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 (1.95 Ac.)

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing (1000) Gals.

Nitrification Field:
No. of Lines Existing (10'x62')
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system showing no sign of malfunction at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: David R. Hinson, EHS DATE 12-14-90

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