4638181089

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 Billy Neil Ervin DATE 6/22/88 PERMIT NO. _____

PHONE: Business _____ Home 528-6797

LOCATION 150 W. TR Perth Rd. TL Fern Hill Road Pass 2nd Kenway Loop On left b/f St Charles S. R. No. _____

SUBDIVISION NAME Lane (BROADVIEW CIR) CL and T LOT NO. 1013 SECTION OR BLOCK NO. 15

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

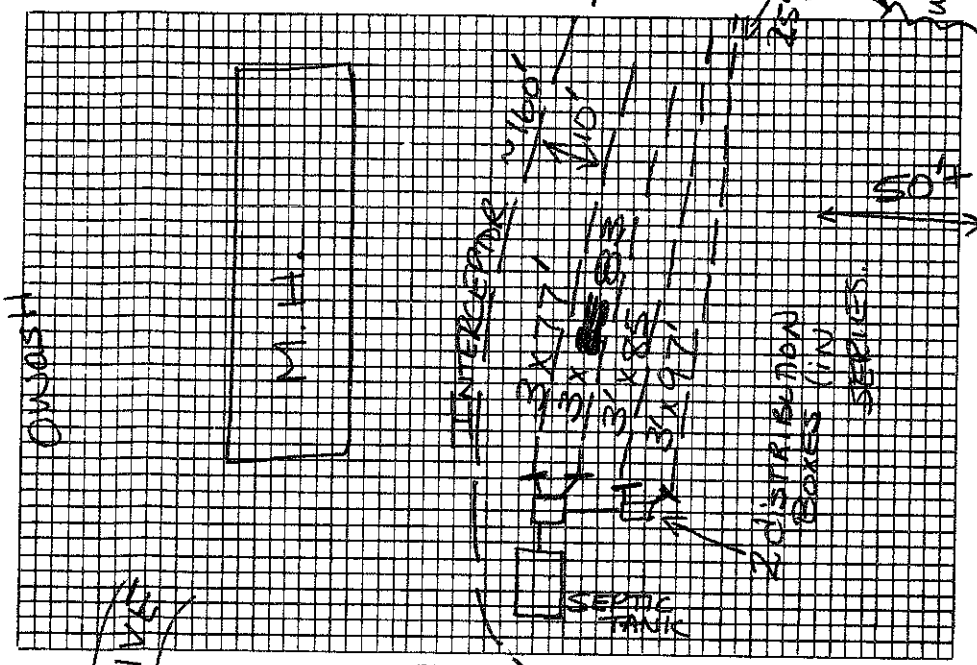
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clayey
Percolation Rate .35
Topography 6-8%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area 2 ACRES

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1026 Linear Ft. 342
Depth of Stone in Lines 12"
Water Supply: Individual (X)
LAKE NORMAN Public ( )

Installed by Dennis Galliher

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: 100% Repair ⇒ 2 lines below existing and 2 lines up hill.

CERTIFICATE OF COMPLETION BY Andie C. Rivers DATE 6/22/88

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