4638238871

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 Jim Richart DATE 10-7-83 PERMIT NO. 345

PHONE: Business _____ Home _____

LOCATION 150W TR1303 TL1428 2mile on R

S. R. No. _____

SUBDIVISION NAME LAKE NORMAN LOT NO. 148 SECTION OR BLOCK NO. 11

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

No. Bedrooms 2 No. Bathrooms 2

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

Lot Area ~3/4ACRE

Character & Porosity of Soil Clayloam

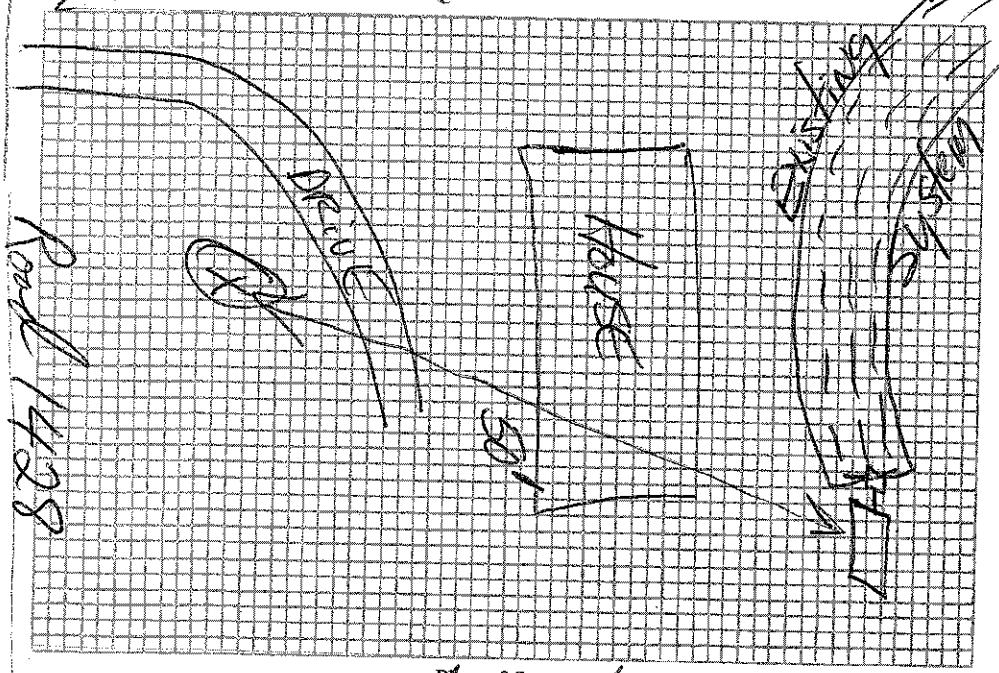
Percolation Rate _____

Topography EXISTING System

Depth to Water Table 104

Rock or other impervious formations Some Gravel

(X) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement



Plot of System

Size of Tank EXISTING 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 600 Linear Ft. 250

Depth of Stone in Lines 18"

Water Supply: Individual (X)

Public ( )

7-19-77

Installed by T. J. Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: Existing System working OK At time of inspection – Remove old Mobile Home And Room

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 10-7-83

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

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LOCATION _____

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SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

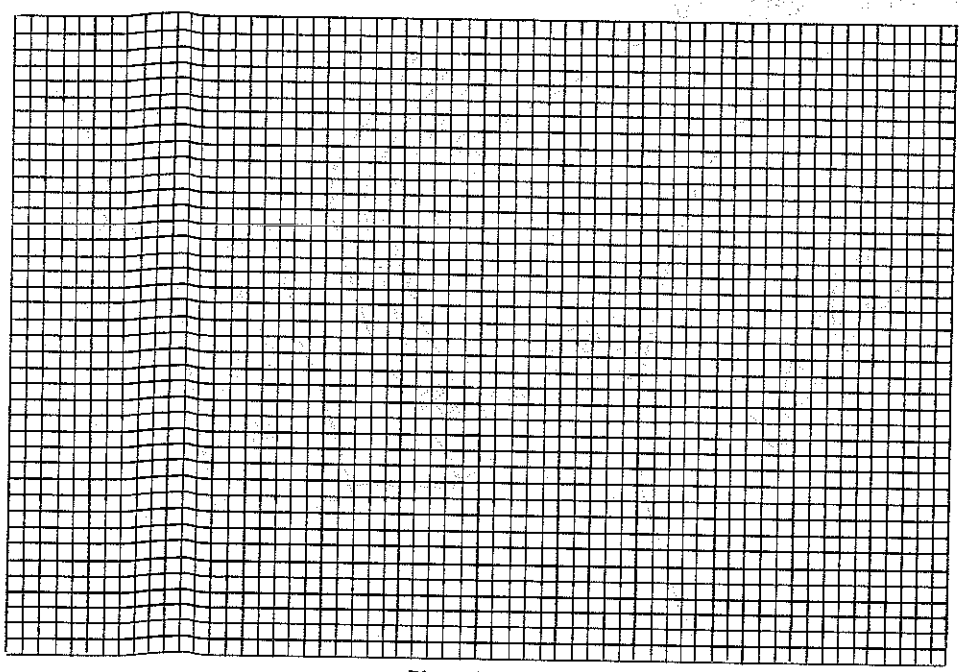
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

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



Plot of System

Size of Tank _____ Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

_____

_____

CERTIFICATE OF COMPLETION BY _____ DATE _____

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