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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 Paul Short DATE Nov. 14, '89 PERMIT NO. 2P-4-A-139

PHONE: Business _____ Home _____

LOCATION 150 W. TR 1303 (Perth Rd.) TL 1428 (Normandy) 2.1 miles on Right S. R. No. _____

SUBDIVISION NAME C L & T LAKE NORMAN LOT NO. 139 SECTION OR BLOCK NO. 11

House (✓) Mobile Home ( ) Business ( ) Other Repair-Addn. Upgrading facilities for 3 bedrooms

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ RS Yes (✓) No ( )

Lot Area ½ Ac. +

Character & Porosity of Soil clay

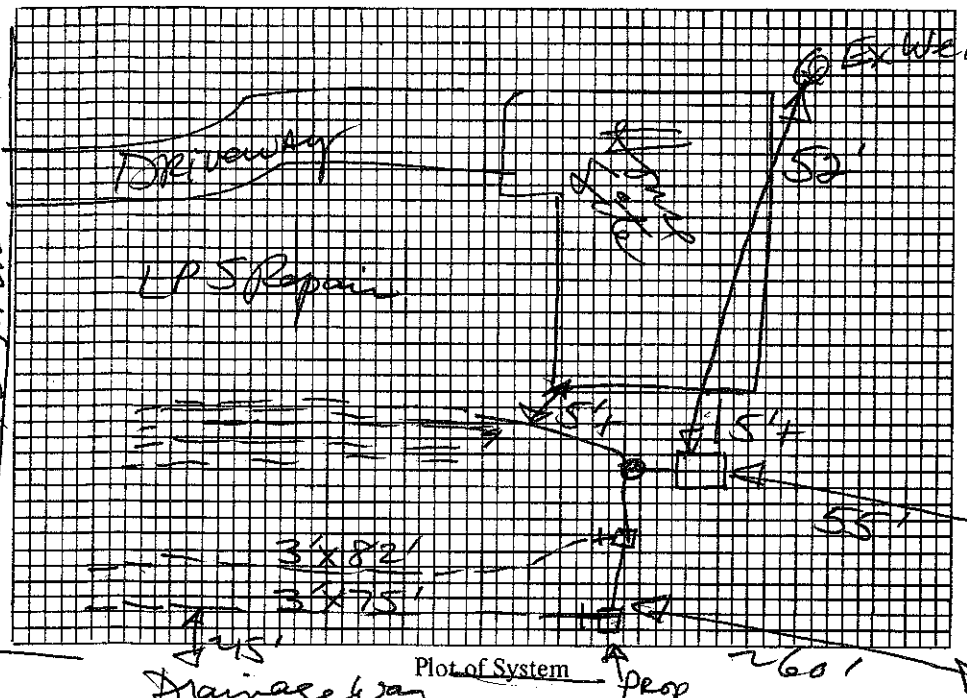
Percolation Rate ~.4

Topography lo

Depth to Water Table 84

Rock or other impervious formations none etc.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2 + (Existing)

Sq. Ft. ~480 Linear Ft. @ ~60'

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by F J Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Unable to get 55' in length (~13' short total)

House not started.

CERTIFICATE OF COMPLETION BY D R Johnson, REHS DATE 11-14-89

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