Cathy Cochrane 333-7530

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 Betty C. Wilson DATE 5-1-79 PERMIT NO. 115

PHONE: Business _____ Home _____

LOCATION 1303 N. T.L. on 1428 – 1 mi. on Rt.

90 S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. ~~99~~ SECTION OR BLOCK NO. 11

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

No. Bedrooms 4 No. Bathrooms 4½

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area ± 1 AC.

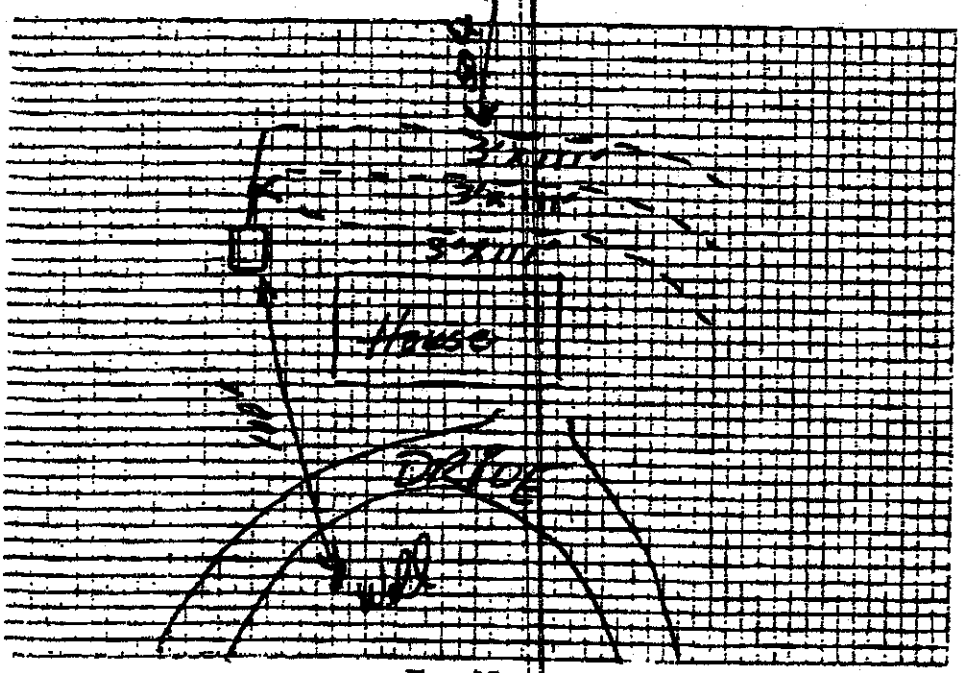
Character & Porosity of Soil Cecil clay loam

Percolation Rate 20 mpi

Topography 6-10%

Depth to Water Table sink.

Rock or other impervious formations none obs.



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1000 Linear Ft. 333

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by Wayne Dobson

IMPROVEMENTS PERMIT BY David R. Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 5-1-79

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Applicant Copy: Pink