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 Philip L. Cloniger DATE 8/7/89 PERMIT NO. 25-3-A-33

PHONE: Business _____ Home _____ wls: (704) 373-2899

LOCATION 150 W. TR Perth Rd. TL De Young (1452) On Left~ ¼ mile. S. R. No. _____

SUBDIVISION NAME Cl and T LOT NO. 1057 SECTION OR BLOCK NO. 14

~~future~~ present

House (✓) Mobile Home (✓) Business ( ) Other _____ Tax Map 4638 76 4384

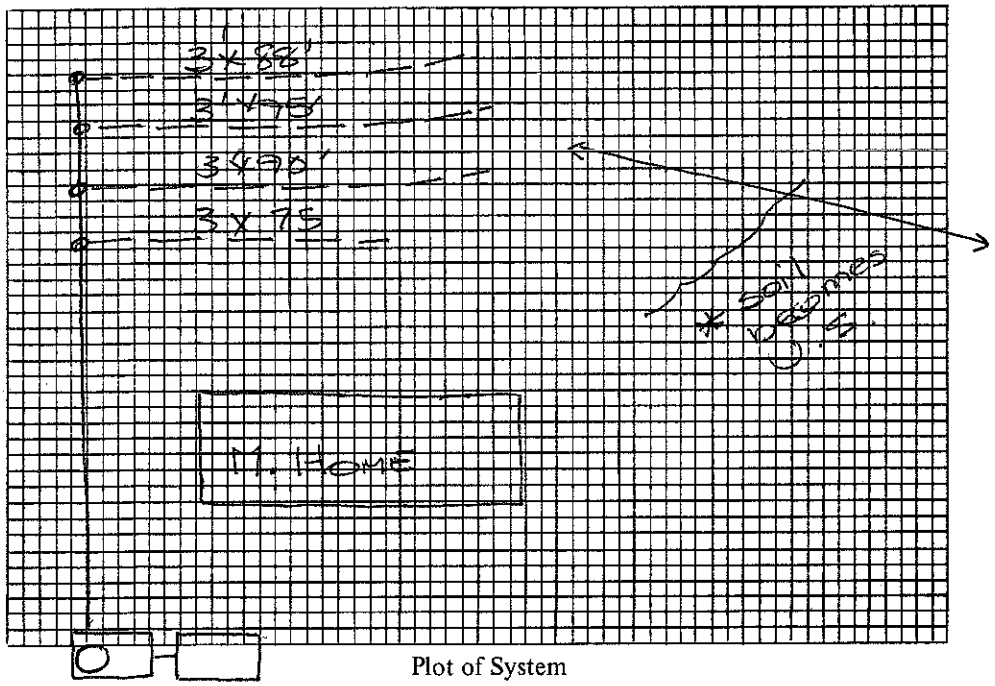
No. Bedrooms 3 No. Bathrooms 2

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 gpd/ft²
Topography gently
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area _____ STREET

_____ Basement with Plumbing _____ Basement without Plumbing ~~present~~ ✓ No Basement



Plot of System

Pump tank: 1000
Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1035 Linear Ft. 345+
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )
well

Installed by Richard Alexander

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

Signed: _____

IMPROVEMENTS PERMIT BY Andre C. Pierce, R.S.

COMMENTS: System was ~~not~~ trained in. Lower line was altered to have more fall. -checked 8/7/89.

LAKE NORMAN

CERTIFICATE OF COMPLETION BY Andre C. Pierce, R.S. DATE August 7, 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