Found - ASAP.

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

12176

OWNER OR CONTRACTOR Jack W. Mabe DATE Nov. 14, '90 PERMIT NO 2P-5-A-29

PHONE: Business _____ Home _____

LOCATION 150 W. TR 1323 N. (Peach Rd.) Bear Right on Wilson CAKE Road (1488) 4th Lot on left S. R. No. _____

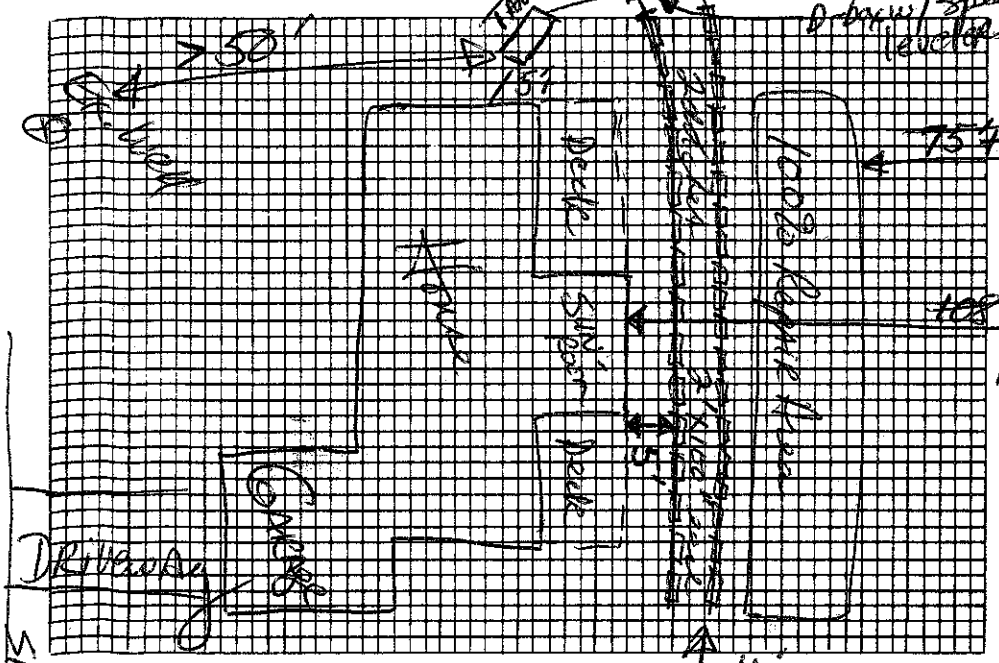
SUBDIVISION NAME CLOT LAKE NORMAN LOT NO. 29 SECTION OR BLOCK NO. 11

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

No. Bedrooms 3 No. Bathrooms 2-3
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ PS Yes (✓) ~~No~~ ( )
Lot Area Existing

Character & Porosity of Soil PS clay (stoney)
Percolation Rate 3
Topography 4-6%
Depth to Water Table 4' from edge of repair area
Rock or other impervious formations some obs. @ Ho lake 760

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 200'
Depth of Stone in Lines 16"
Water Supply: Individual (✓) Public ( )
Installed by _____

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

Signed: Jack W. Mabe

IMPROVEMENTS PERMIT BY DR Hanson, EHS

COMMENTS: Follow contour with drainfield. 30" maximum trench bottom depth. Full plumbing out at ground level.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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