4638838351

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 Jack W. Mabe DATE April 3, '91 PERMIT NO 25-A-29

PHONE: Business _____ Home _____

LOCATION 150 W. TR 303 N. (Rock Hill Rd) Bear Right on 1480 (Wilson Lake Rd.) 4th lot on left S. R. No. _____

SUBDIVISION NAME Clot Lake Norman LOT NO. 29 SECTION OR BLOCK NO. 11

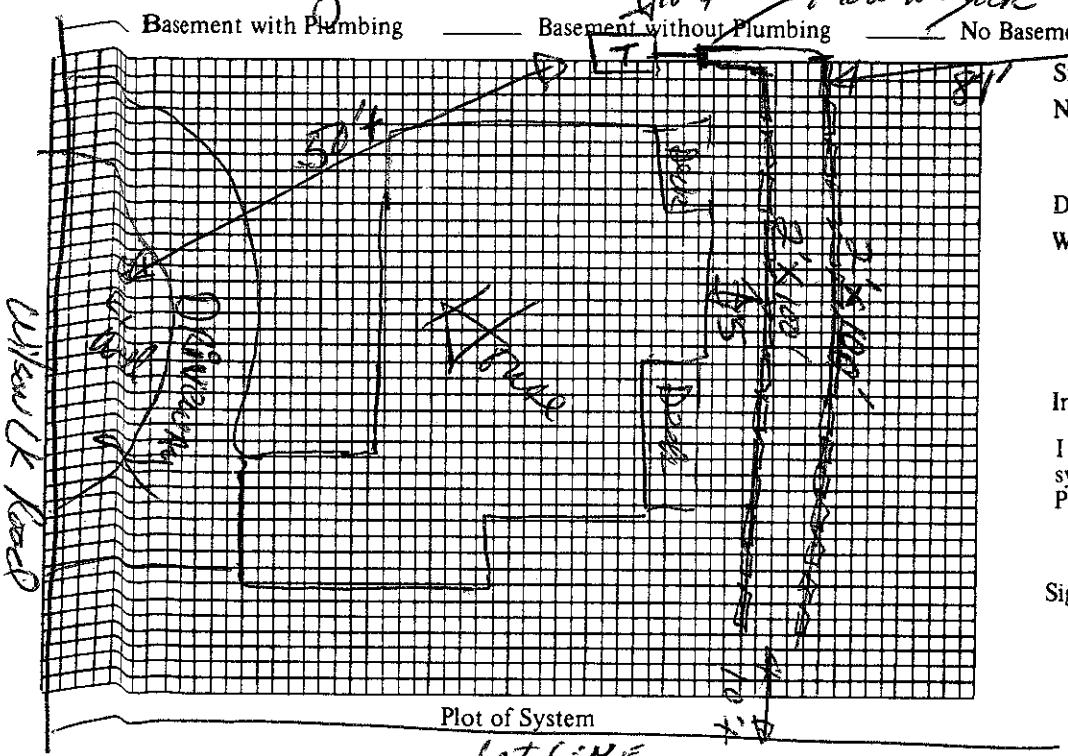
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2-3

Garbage Disposal Unit Yes (✓) No ( )
Automatic Dishwasher Yes (✓) No ( )
Automatic Wash. Machine Yes (✓) No ( )
Site suitable Yes (✓) No ( )
Lot Area EXISTING ½-¾ AC.

Character & Porosity of Soil RS clay
Percolation Rate No. 3
Topography 2-4%
Depth to Water Table 4'
Rock or other impervious formations none obs.

Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 200' ea
Depth of Stone in Lines 16" 7" 21
Water Supply: Individual (✓) Public ( )

Panels gravity flow

Installed by Orbison

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson, EHC DATE 4/3/91

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