04956

IREDELL COUNTY HEALTH DEPARTMENT 4639-01-7552

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Tom Adams DATE Nov. 10, 88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1303 N. TR 1300 (Fern Hill) TR 1449 (Riverbend) TR 2nd to Rt on left Cheshire Rd S. R. No. _____

SUBDIVISION NAME C&T Lake Norman LOT NO. 161 SECTION OR BLOCK NO. 15

Future Temporary

House (✓) Mobile Home (✓) Business ( ) Other Area of Drainfield

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ IS Yes (✓) No ( )

Character & Porosity of Soil silty clay

Percolation Rate 1.4

Topography 15-25%

Depth to Water Table 4ft

Rock or other impervious formations some scattered rock

Lot Area 1 acre

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement

1000 gal

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. ____ Linear Ft. 150'

Depth of Stone in Lines 16" 7 ft panels

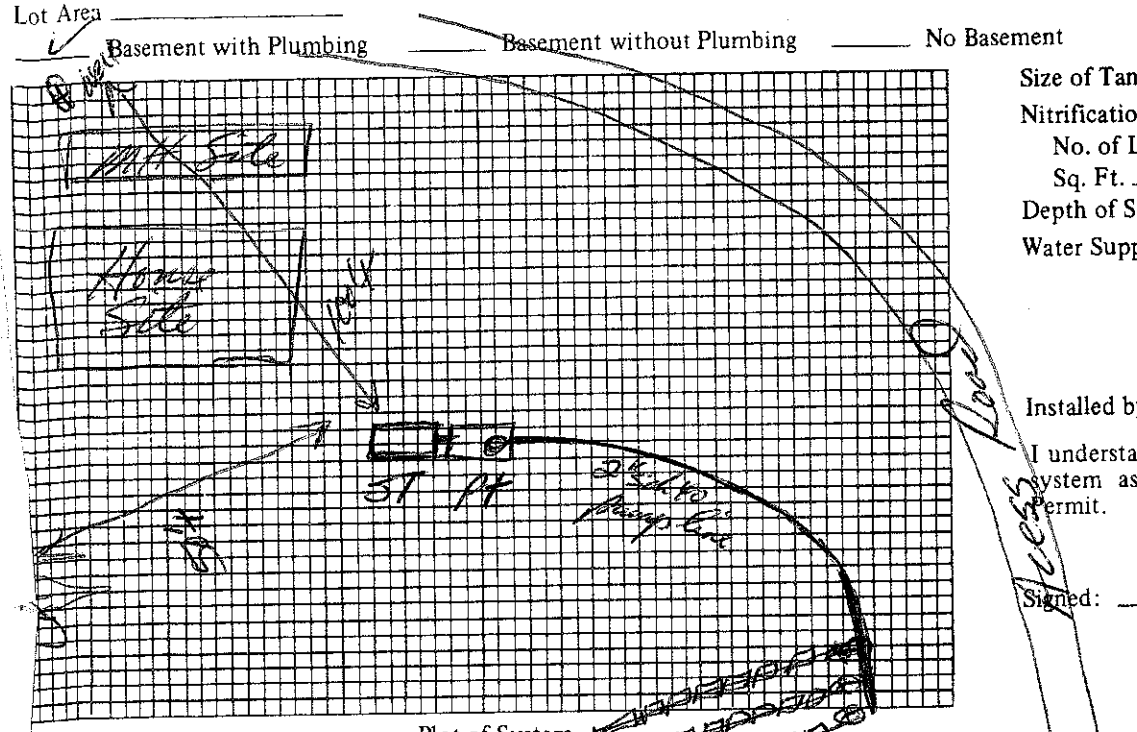
Water Supply: Individual (✓)

Public ( )

Installed by Own Contr.

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

Signed: _____



Plot of System

10' Lot Line

IMPROVEMENTS PERMIT BY _____

COMMENTS: Alarm checked & working, but not mounted.

CERTIFICATE OF COMPLETION BY _____ DATE 11-10-88

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