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11903

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 Samuel A. Brown DATE Sept. 17, '90 PERMIT NO. 3C-10-A-164

PHONE: Business _____ Home _____

LOCATION 1303 N. TL 1300 (Fern Hill Rd.) TR 1449 (Riverland) ¼-½ mile on left S. R. No. _____

SUBDIVISION NAME Clay Lake Norman LOT NO. 164 SECTION OR BLOCK NO. 15

DW

House ( ) Mobile Home (✓) Business ( ) Other Replacing single wide with D.W. Mobile Home

No. Bedrooms 3 No. Bathrooms 2

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

Percolation Rate 2 & 4

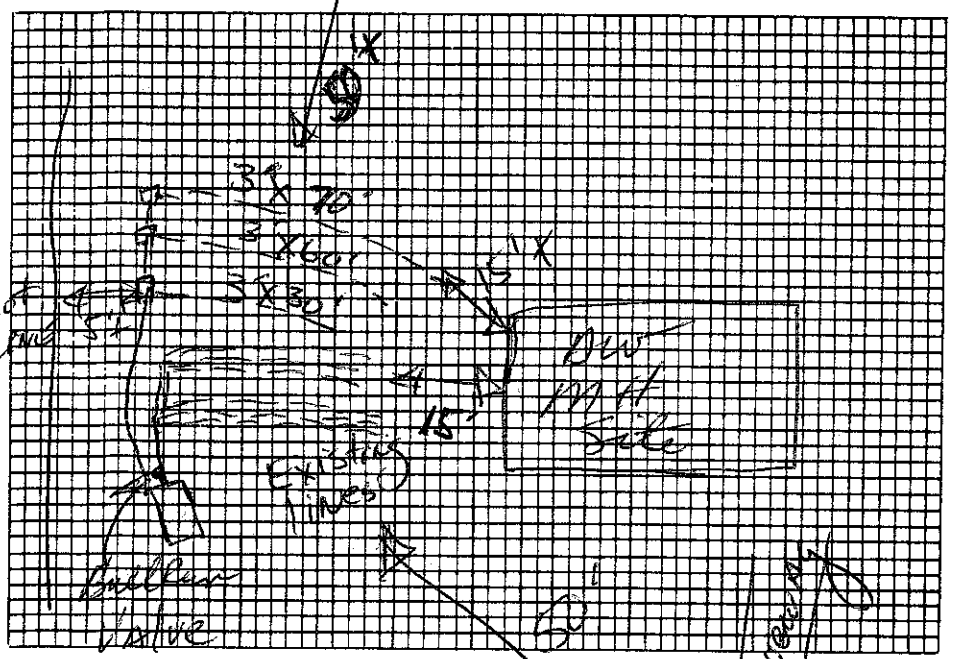
Topography 15-25%

Depth to Water Table 6'+

Rock or other impervious formations none obs.

Upgrading system

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field: Existing bed

No. of Lines 4 3 new lines

Sq. Ft. 480 Linear Ft. 160

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Levon Benton

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: SR1449

CERTIFICATE OF COMPLETION BY _____ DATE 9-17-90

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

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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 Samuel A. Brown DATE Sept. 10, '90 PERMIT NO. 3C-10-A-164

PHONE: Business _____ Home _____

LOCATION 150 W. SR 1323 (Reeds Rd) TR 1300 (New Hill) TR 1449 (Riverbend) ¼ mile on left

SUBDIVISION NAME CLAT LAKE NORMAN LOT NO. 164 SECTION OR BLOCK NO. 15 S. R. No. _____

House ( ) Mobile Home (✓) Business ( ) Other Replacing single to D.W. Mobile Home Upgrading sewage system to 3 bedroom

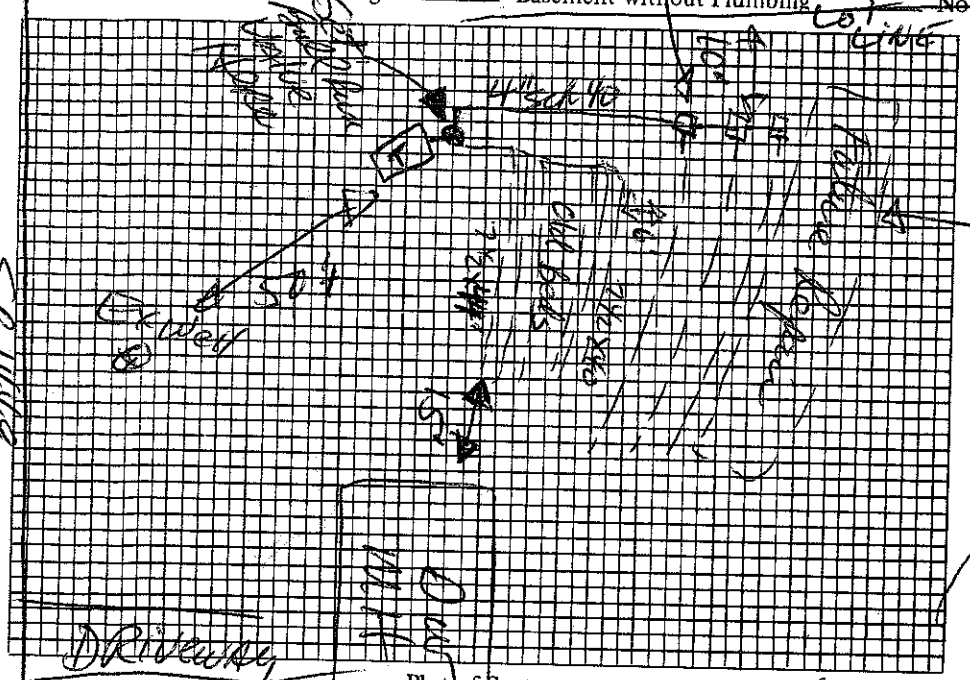
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site ~~Suitable~~ BS	Yes (✓)	No ( )	

Lot Area Existing

Character & Porosity of Soil BS clay
Percolation Rate Fast
Topography 15-25%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ~~No Basement~~



Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 3-4
Sq. Ft. 480 Linear Ft. 160
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed Samuel A Brown

IMPROVEMENTS PERMIT BY David R. Hinson, EHS

COMMENTS: Follow contours. 36" maximum trench bottom depth.

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