4639-13-6021

07612

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 Richard R. Robinson DATE March 17, 89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1303 N. TR 1300 (Fern Hill) TR 1449 (Riverbend) TR 1st Street ~1/8 mile on Right S. R. No. _____

SUBDIVISION NAME Clift Lake Norman LOT NO. 957 SECTION OR BLOCK NO. 15

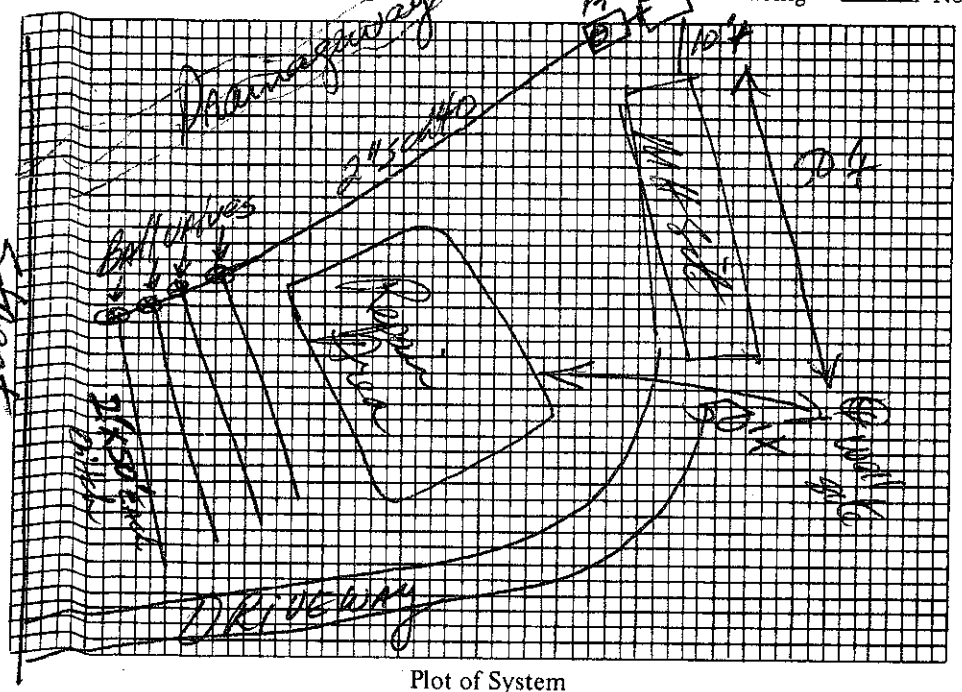
House ( ) Mobile Home (✓) Business ( ) Other _____

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 ~1 Ac.

Character & Porosity of Soil Area of Mansfield clay
Percolation Rate ~.3
Topography 2-6%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

1000 p.t.

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. 200'
Depth of Stone in Lines 6" + 2"
Water Supply: Individual (✓) ponds
Public ( ) pressure-dosed

Installed by J. J. Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY M.H.

COMMENTS: Well not down. M.H. not on site, so alarm is not mounted, but it was tested and found to be working.

CERTIFICATE OF COMPLETION BY M. Hinson, RS DATE 3-17-89

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