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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 Richard R. Robinson DATE Feb 1, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1303 N. TR 1300 TR 1449 (Riverbend) TR 1st Street ON Right S. R. No. _____

SUBDIVISION NAME CLT LAKE Norman LOT NO. 951 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Automatic Dishwasher Yes (✓) No ( )

Automatic Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Adequate Yes (✓) No ( )

Area of Drainfield

Character & Porosity of Soil clay

Percolation Rate 2, 3

Topography 2-6%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

Basement with Plumbing _____ Basement without Plumbing _____ No Basement _____

1000 p.t.

Size of Tank 1000 Gals.

Nitrification Field:

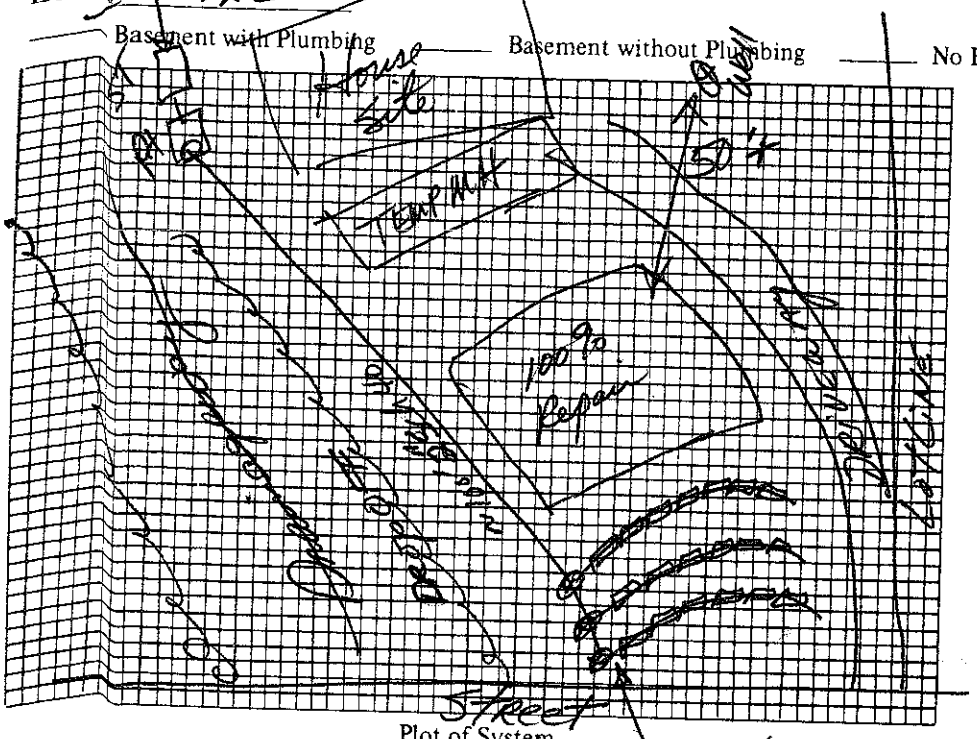
No. of Lines 3-4

Sq. Ft. _____ Linear Ft. 200'ea

Depth of Stone in Lines 16" to 4"

Water Supply: Individual (✓) * panels

Public ( )



Plot of System

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY D R Hinson, RS

* 46 panels total; Two 5/32" holes per panel; Two foot pressure head per latch

COMMENTS: Follow contour. Trench bottom depth 30". Pump specs: 38 gal/min at approx 26' TDH.

CERTIFICATE OF COMPLETION BY _____

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