4639268814

II

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 Cook DATE 8-5-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1303 N. TR 1300 (Green Hill) TR Tennessee Circle Bear left 1/8 mile on left S. R. No. _____

SUBDIVISION NAME CLIFT LAKE NORMAN LOT NO. 78 SECTION OR BLOCK NO. 16

House (✓) Mobile Home ( ) Business ( ) Other Addition to kitchen & living area w/addition

No. Bedrooms 3 No. Bathrooms 3

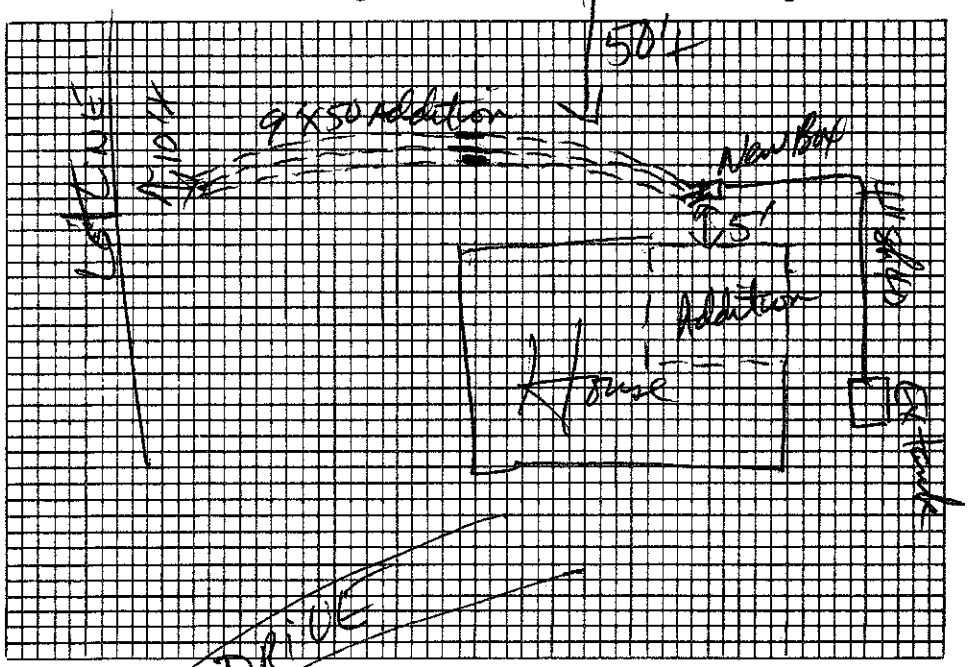
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil clay
Percolation Rate 4-6 gpd
Topography ✓
Depth to Water Table 4'
Rock or other impervious formations none obs.

Lot Area Existing

LAKE

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )
Neighborswell

Installed by Forest Shuford

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Tennessee Circle

CERTIFICATE OF COMPLETION BY DR Hunsucker, RS DATE 8-5-87

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