IREDELL COUNTY HEALTH DEPARTMENT 4639370550

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER CONTRACTOR Steve Binder

PHONE Business ____ Home ____ DATE May 18, 89 PERMIT NO. ____

LOCATION 1303 N. TL 1300 (Fern Hill Rd.) TR Tennessee Circle
at forks 1/8 - 1/4 mile on Rt.

SUBDIVISION NAME CL&T LAKE NORMAN ____ LOT NO. 83 S. R. No. ____ SECTION OR BLOCK NO. 16

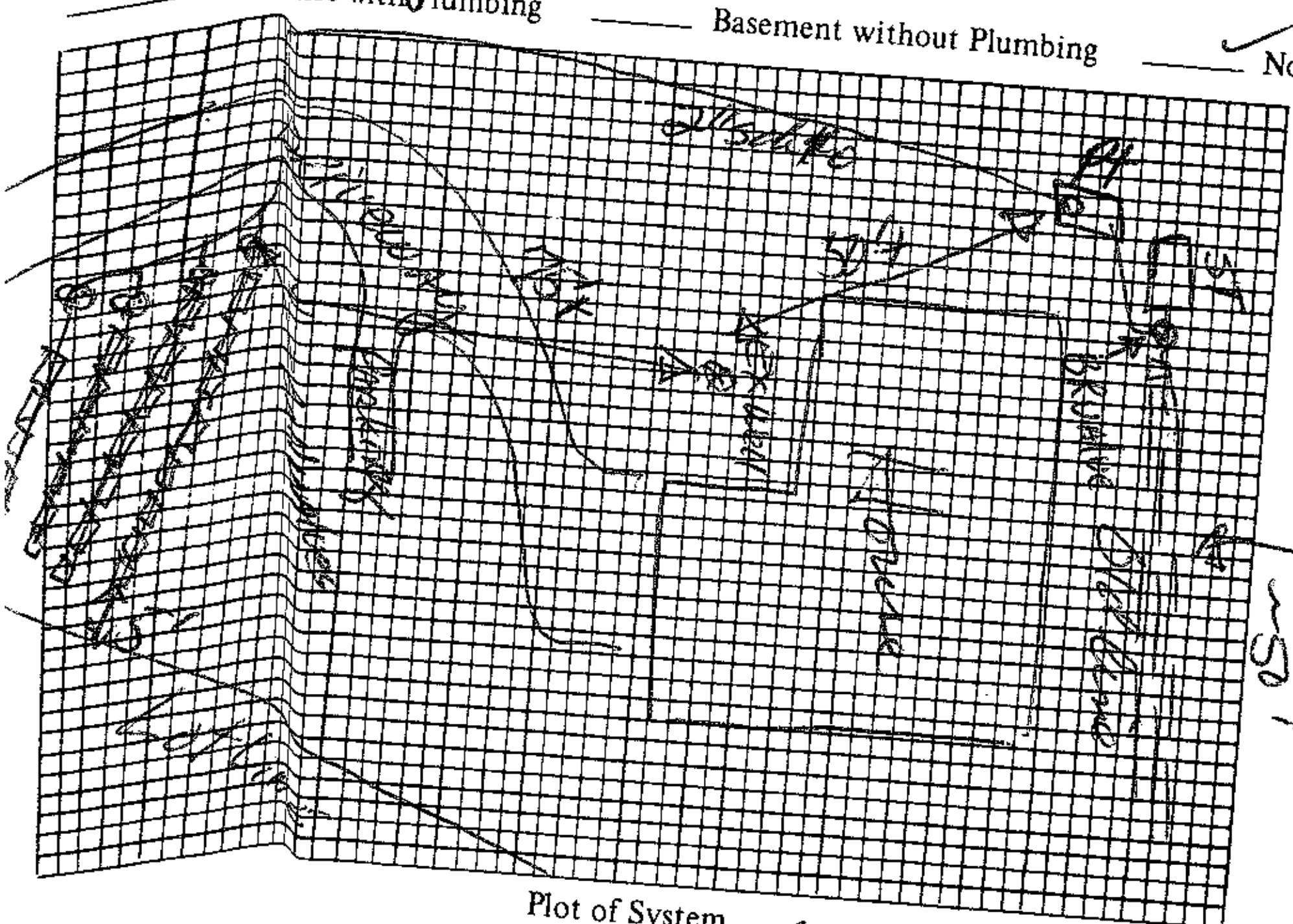
House ( ) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Washing Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area Existing

Character & Porosity of Soil (Area repair) clay
Percolation Rate ~.3
Topography ~10%
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 Existing Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. ____ Linear Ft. 150'
Depth of Stone in Lines 6" +
Water Supply: Individual (✓) pond
Public ( )

Installed by F J Ervin

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

Signed: ____

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: ____

CERTIFICATE OF COMPLETION BY [signature], RS DATE 5-18-89

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