4639414076

11002

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 Terry Cline DATE April 9, '91 PERMIT NO 25-5-A-7

PHONE: Business _____ Home _____

LOCATION 1300 TL 1398 (Kenway Loop) ~ 8 mile on left

S. R. No. _____

SUBDIVISION NAME CLOT LAKE NORMAN LOT NO. 7 SECTION OR BLOCK NO. 15

LAKE

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Character & Porosity of Soil PS clay

Percolation Rate ~ 3

Topography ~ 6%

Depth to Water Table 4'+ @ Ctr of Lot

Rock or other impervious formations None obs.

Lot Area EXISTING

___ Basement with Plumbing ___ Basement without Plumbing ___ No Basement

1500 P.T.

Size of Tank 1500 Gals.

Nitrification Field:

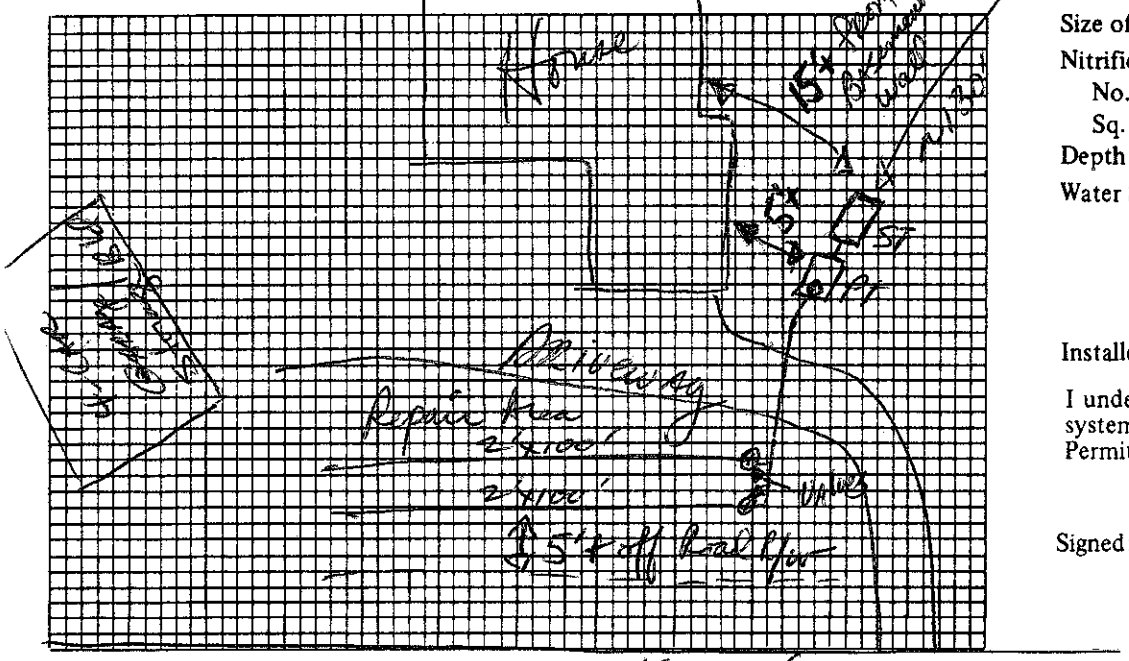
No. of Lines 2

Sq. Ft. _____ Linear Ft. 200'

Depth of Stone in Lines 16" Top

Water Supply: Individual (✓) panels

Public ( )



Plot of System Kenway Loop

Installed by West Lytton

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

Signed: _____

IMPROVEMENTS PERMIT BY SCT

COMMENTS: Sump also was installed for basement to lift to main level plumbing.

Operation permit

CERTIFICATE OF COMPLETION BY D R Hinson, EHC DATE 4/9/91

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