28994

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

WNER OR CONTRACTOR Clay Poteat DATE Nov. 15, 88 PERMIT NO. _____

IONE: Business _____ Home _____

)CATION 1303 N. TR 1403 (Neill Farm Rd) ~1/2 miles TR Apple Lane (Rolling Knoll) on Rt. _____ S. R. No. _____

IBDIVISION NAME CLAY CAKE NORMAN LOT NO. 925 SECTION OR BLOCK NO. _____

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

. Bedrooms 3 No. Bathrooms 2

rbage Disposal Unit Yes ( ) No (✓)

to. Dishwasher Yes ( ) No (✓)

to. Wash. Machine Yes (✓) No ( )

e Suitable PS Yes (✓) No ( )

t Area ~1 AC

Character & Porosity of Soil clay

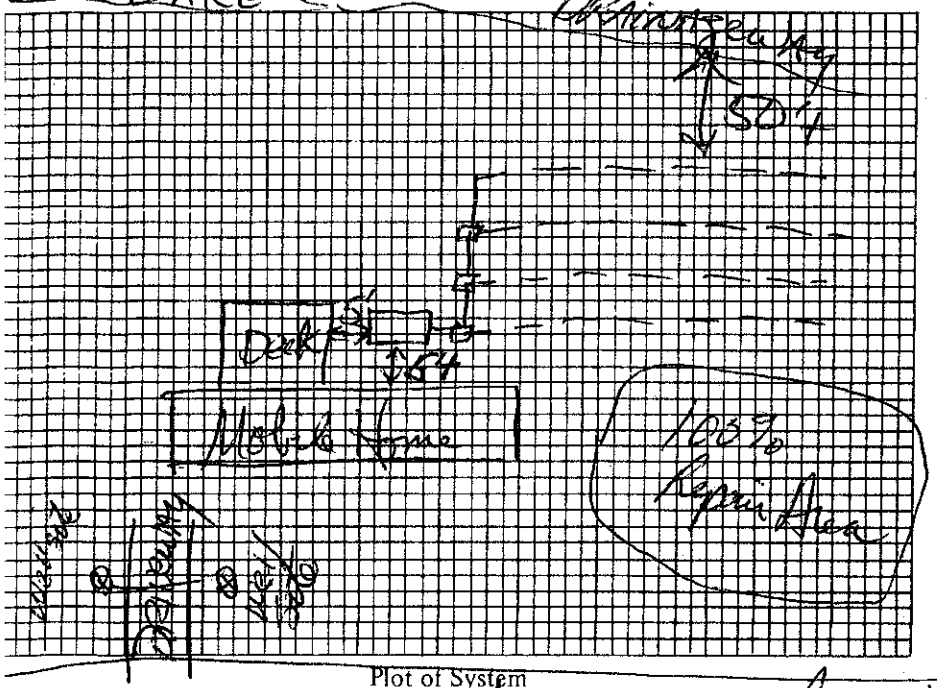
Percolation Rate 2, 4

Topography 15-20% 4ft

Depth to Water Table _____

Rock or other impervious formations none obs.

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Rowan Septic Tank

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

Signed: _____

TO 1403 ↑

Apple LANE

PROVEMENTS PERMIT BY _____

)MMENTS: Well not drawn.

RTIFICATE OF COMPLETION BY _____ DATE 11-15-88

ISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

mit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making provements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

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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 Clay Poteat DATE Nov 15, 88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 383 N. TC 1403 (Neill Thom Rd) ~1/2 mile TC Apple Lane (Rolling Knoll) on Rt. S. R. No. _____

SUBDIVISION NAME CLT LAKE NORMAN LOT NO. 925 SECTION OR BLOCK NO. 16

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? Yes (✓) No ( )

Lot Area ~1 AC

Character & Porosity of Soil clay

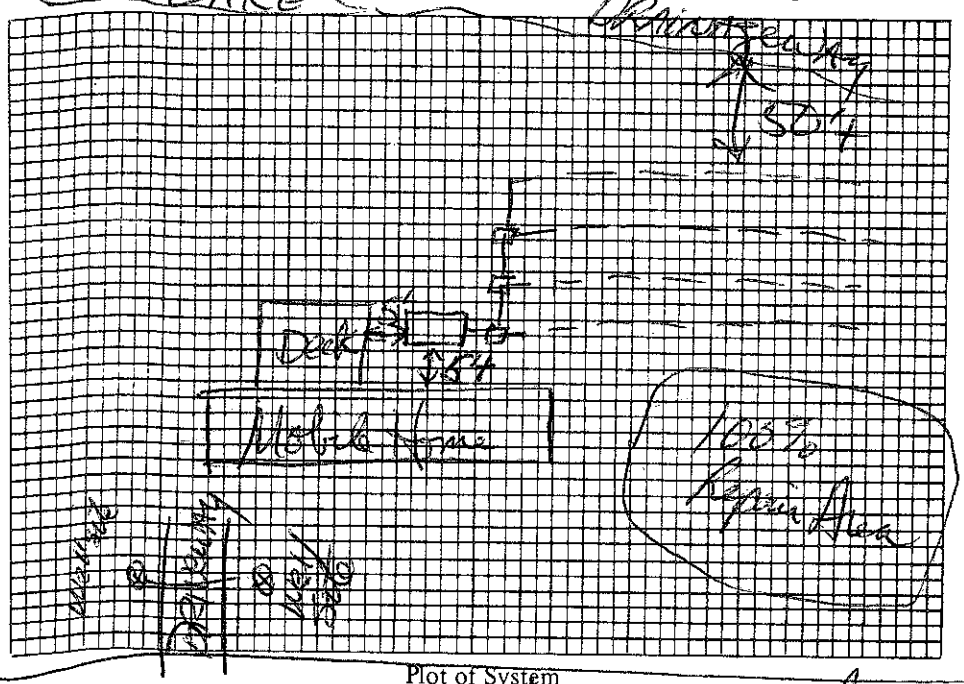
Percolation Rate 24

Topography 15-20%

Depth to Water Table 48

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Rowan Septic Tank

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Well not known.

CERTIFICATE OF COMPLETION BY _____ DATE 11-15-88

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