Thursday

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 Marshall D. Silver DATE 4-11-83 PERMIT NO. 89

PHONE: Business _____ Home _____

LOCATION 150W TR 1467 TL 1395 TR Big Indian Loop 1/4 mile on left S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 32 SECTION OR BLOCK NO. 12

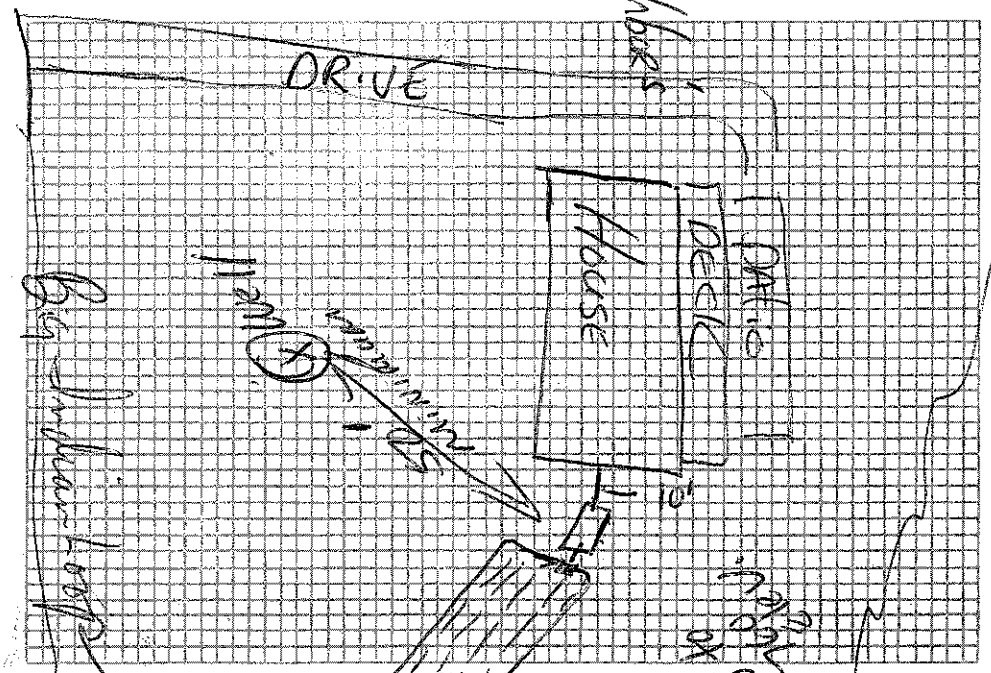
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area ~3/4 ACRE

Character & Porosity of Soil Clay loam
Percolation Rate 5 gal/ft²/day
Topography 8-10%
Depth to Water Table 4'
Rock or other impervious formations NONE observed

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 1080 Linear Ft. 360'
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: Marshall D Silver

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep System As Shallow As possible, Abt 2.0 over Lake side of Nitrification Lines

CERTIFICATE OF COMPLETION BY _____ DATE _____

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