4648035478

10091

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 Norman Black DATE April 30, '90 PERMIT NO. 2R6-A39

PHONE: Business _____ Home _____

LOCATION 150W TR Bluefield TL Beaufort At Lake bear right on Bicknian Loop ½ mile on left S. R. No. _____

SUBDIVISION NAME Clay Lake Norman LOT NO. 39 SECTION OR BLOCK NO. 12

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~~ PS Yes (✓) No ( )

Lot Area ~½-3/4Ac

Character & Porosity of Soil PS clay

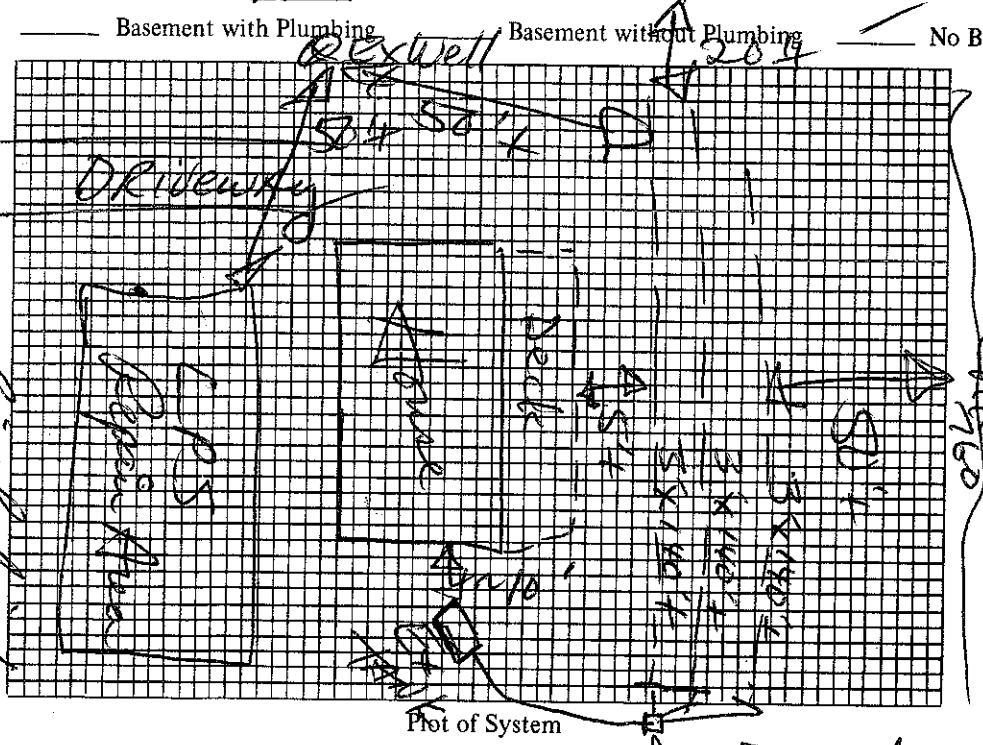
Percolation Rate ~3

Topography 2-4%

Depth to Water Table 4'+

Rock/or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ___✓___ No Basement



Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1200 + Linear Ft. 400 +

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by R & R MacLeod

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Lot Line

Changes approved prior to system being installed. Repair will require use of pump.

CERTIFICATE OF COMPLETION BY _____ DATE April 30, '90

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