07914

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 Severne R. Clifton DATE Aug 10 '89 PERMIT NO. 2P-6-A-70

PHONE: Business _____ Home _____

LOCATION 150 W. X I77 TR Bluefield TL Bearsfoot (1395) TR Big Indian Loop (1442) Bear left at forks ~3/4 mile on Right S. R. No. _____

SUBDIVISION NAME CLIFT LAKE NORMAN LOT NO. 1064 SECTION OR BLOCK NO. 12

Future TEMPORARY Bk 396 F

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 1.57 Ac.

Area of Drainfield

Character & Porosity of Soil clay

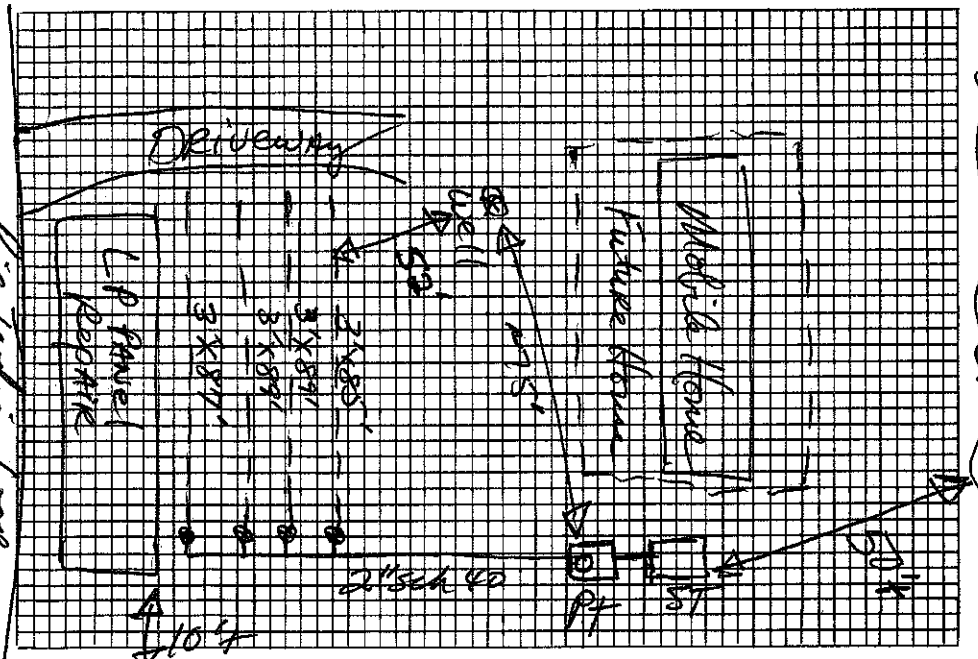
Percolation Rate ~.35

Topography 6-10%

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 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1050 Linear Ft. 350

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by T J Ewin

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

Signed: _____

IMPROVEMENTS PERMIT BY JRH

COMMENTS: Well not placed as indicated on improvements permit. Repair area limited and may require use of panel system. Alarm tested and working, batt not mounted.

CERTIFICATE OF COMPLETION BY Jarrell R. Henson, R.S. DATE Aug 10, 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