4669140237

IREDELL COUNTY HEALTH DEPARTMENT

10831

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Lake Norman Retail Dev. DATE 4/25/91 PERMIT NO. 40-2-A-25

PHONE: Business _____ Home 664-3515

LOCATION Shinnville Rd, TL into Springdale

S. R. No. 2383

SUBDIVISION NAME Springdale LOT NO. 25 SECTION OR BLOCK NO. _____

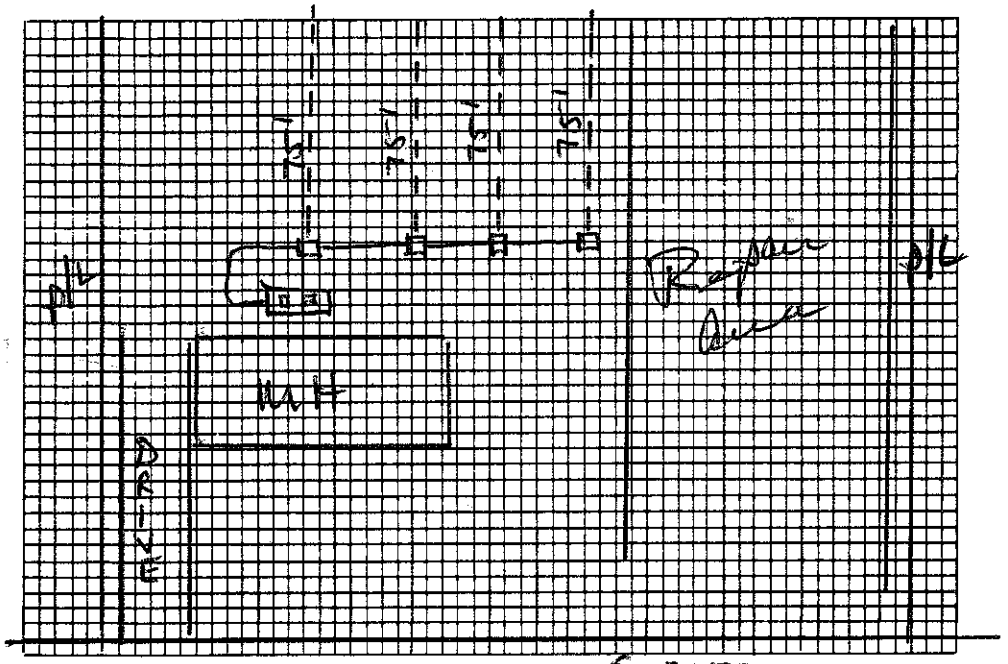
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil		ps clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate		.4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography		4-6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table		48"
			Rock or other impervious formations		none observed

Lot Area 20,000 FT²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1600 Gals.

Nitrification Field:
No. of Lines 4@75'
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓) NET ARRIGON 4 LOT
Public ( )

Installed by Larry Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 4/24/91

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