4677-58-3753

IREDELL COUNTY HEALTH DEPARTMENT

11723

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

OWNER OR CONTRACTOR Richard L. Lyerly DATE May 3, '91 PERMIT NO. IN-8-A-17

PHONE: Business _____ Home _____

LOCATION 150 E TL into Oakmeadow 500-1000' on Rt

S. R. No. _____

SUBDIVISION NAME Oakmeadow LOT NO. 17 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 3½

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area 2.94±

Character & Porosity of Soil PS clay

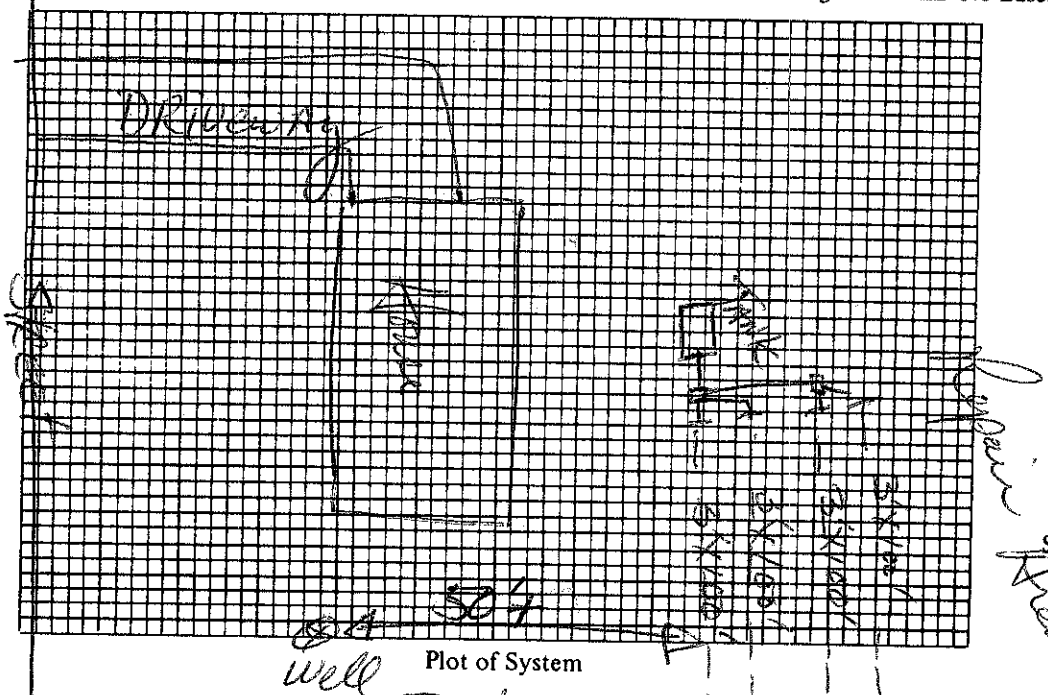
Percolation Rate 2, 3

Topography 4-6%

Depth to Water Table 4'4

Rock or other impervious formations more obs.

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual (✓) Public ( )

Installed by Atkinson

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

Signed: _____

IMPROVEMENTS PERMIT BY DCH

COMMENTS: 10' ± LOT LINE

CERTIFICATE OF COMPLETION BY David A. Hinson, RS, HEC DATE 5/3/91

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