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 Robert N. Webb DATE 2-7-86 PERMIT NO. 59

PHONE: Business _____ Home _____

LOCATION 1400 TR 1236 ~½ mile TL Stone marker BR Stone marker West (1236) ¼ mile on left S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 152 SECTION OR BLOCK NO. 6

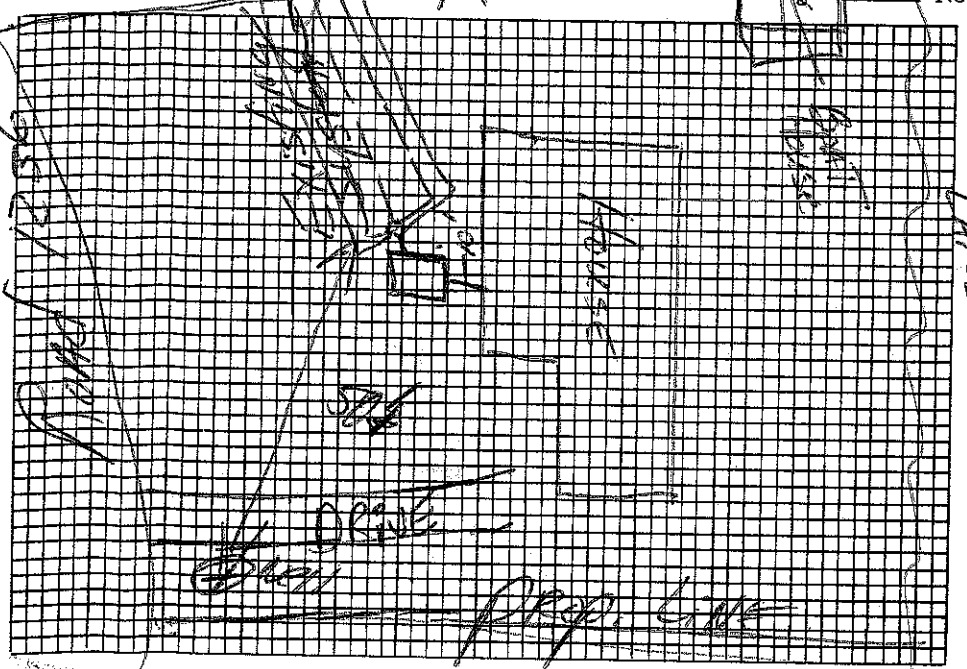
House (X) Mobile Home ( ) Business ( ) Other (Boat House No plumbing)

No. Bedrooms 3 No. Bathrooms 2

| | | | | |
|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (X) | Character & Porosity of Soil | |
| Auto. Dishwasher | Yes (X) | No ( ) | Percolation Rate | |
| Auto. Wash. Machine | Yes (X) | No ( ) | Topography | Existing system |
| Site Suitable | Yes (X) | No ( ) | Depth to Water Table | |
| Lot Area Existing | | | Rock or other impervious formations | |

Acre of Easement

_____ Basement with Plumbing X Basement without Plumbing _____ No Basement




Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing System working OK at time of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Paul Clemmer DATE 2-7-86

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