4615805170

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 A.M. Bartlett DATE 4-24-84 PERMIT NO. 93

PHONE: Business _____ Home _____

LOCATION 1100 TR 1236 BL on 1236 BR 1236 1/2 mile on left S. R. No. _____

SUBDIVISION NAME LAKE Norman LOT NO. 150 SECTION OR BLOCK NO. 6

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

No. Bedrooms 2 No. Bathrooms 1 1/2

Garbage Disposal Unit	Yes	( )	No	(X)	
Auto. Dishwasher	Yes	(X)	No	( )	
Auto. Wash. Machine	Yes	(X)	No	( )	
Site Suitable	Yes	(X)	No	( )	

Character & Porosity of Soil _____

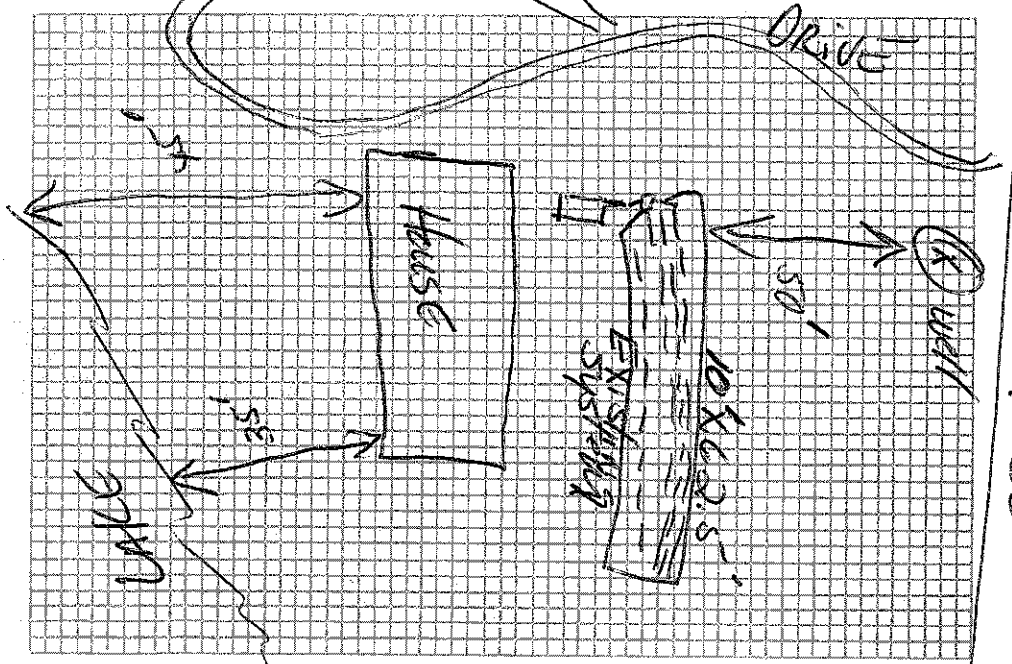
Percolation Rate _____

Topography EXISTING System

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area ~ 1/2 ACRE



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 625 Linear Ft. 250

Depth of Stone in Lines 10"

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 date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmons DATE 4-24-84

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