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 H. A. Fewsite DATE 9-9-81 PERMIT NO. 279

PHONE: Business _____ Home _____

LOCATION Hwy TR 1236 Ty et Lakes then 1st Rt. 1/2 mi. on left S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 149 SECTION OR BLOCK NO. 6

House (4) Mobile Home ( ) Business ( ) Other Enlarging bedroom

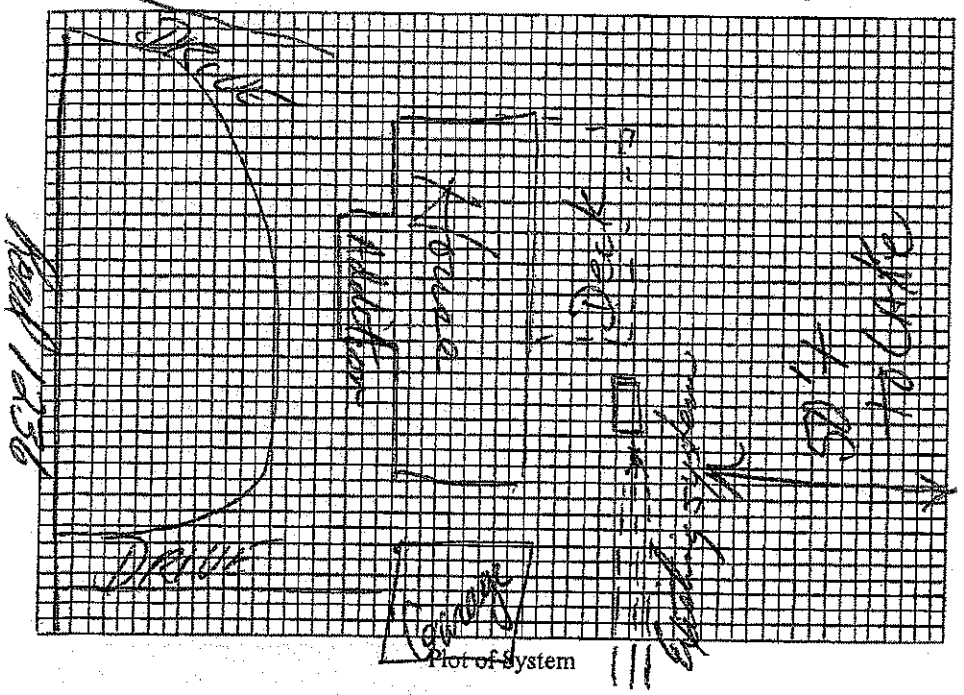
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (4)	
Auto. Dishwasher	Yes ( )	No (4)	
Auto. Wash. Machine	Yes (4)	No ( )	
Site Suitable	Yes (4)	No ( )	

Lot Area ± 3/4 Ac.

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

____ Basement with Plumbing ____ Basement without Plumbing 4 No Basement



Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
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: David Hinson DATE 9-9-81

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