4615805214

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. Tinnwright DATE 5-16-85 PERMIT NO. 211

PHONE: Business _____ Home _____

LOCATION 1100 TR 1236 ½ mile Bear LEFT on 1236 Bear RT on 1236 ½ mile on left S. R. No. _____

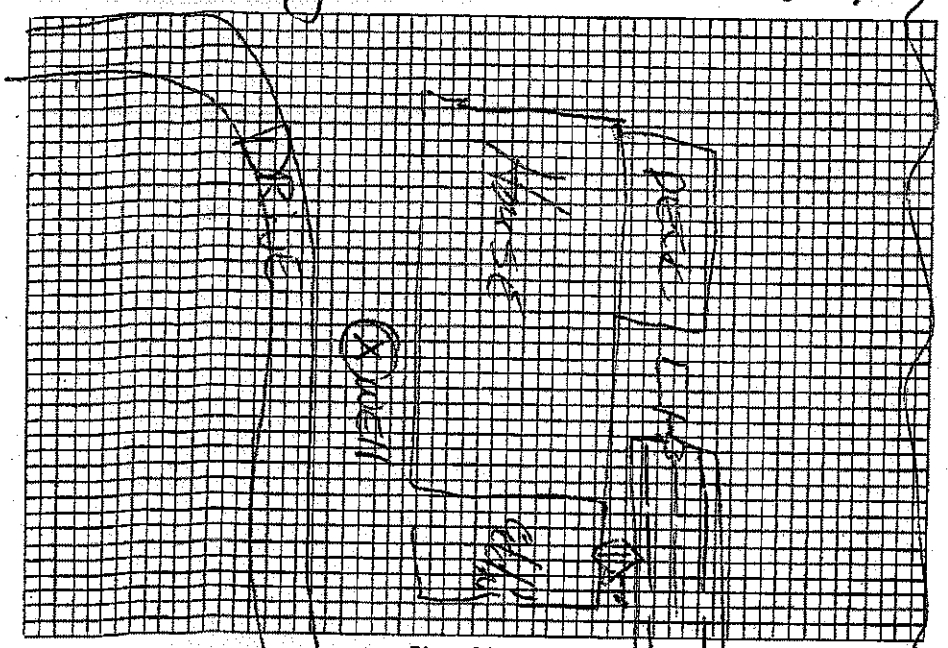
SUBDIVISION NAME Lake Norman LOT NO. 149 SECTION OR BLOCK NO. 6

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

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
Site Suitable	Yes (X)	No ( )	Depth to Water Table	System
Lot Area Existing			Rock or other impervious formations	

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement 1969



Plot of System

Size of Tank Existing 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 675 Linear Ft. 225

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: _____

System Checked Sloggins July 14, 1969 by Troy

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing System working OK At Lake of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: [signature] DATE 5-16-85

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