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. Fenrite DATE 9-9-81 PERMIT NO. 279

PHONE: Business _____ Home _____

LOCATION 1400 TR 1236 TL at forks then 1st RT. 1 mi. on left S. R. No. _____

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

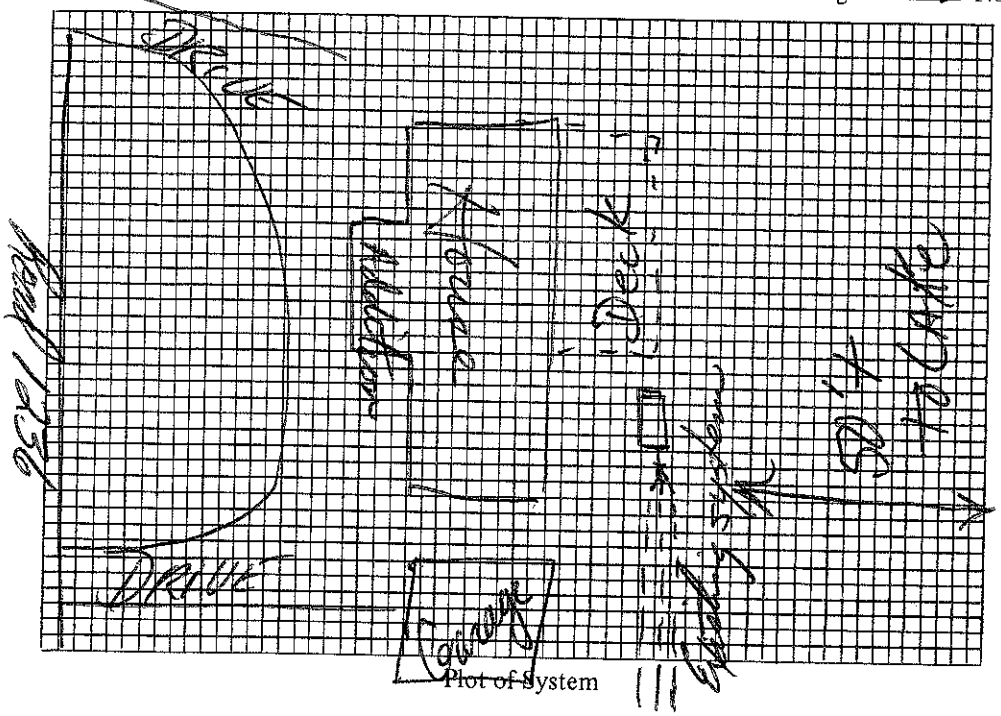
House (✓) Mobile Home ( ) Business ( ) Other Enlarging bedroom

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil _____
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate _____
Auto. Wash. Machine	Yes (✓)	No ( )	Topography _____
Site Suitable	Yes (✓)	No ( )	Depth to Water Table _____
			Rock or other impervious formations _____

Lot Area ~ 3/4 AC.

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Size of Tank Existing Gals.
Nitrification Field: Existing
No. of Lines
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