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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 Fred W. Klein DATE 4-17-84 PERMIT NO. 102

PHONE: Business _____ Home _____

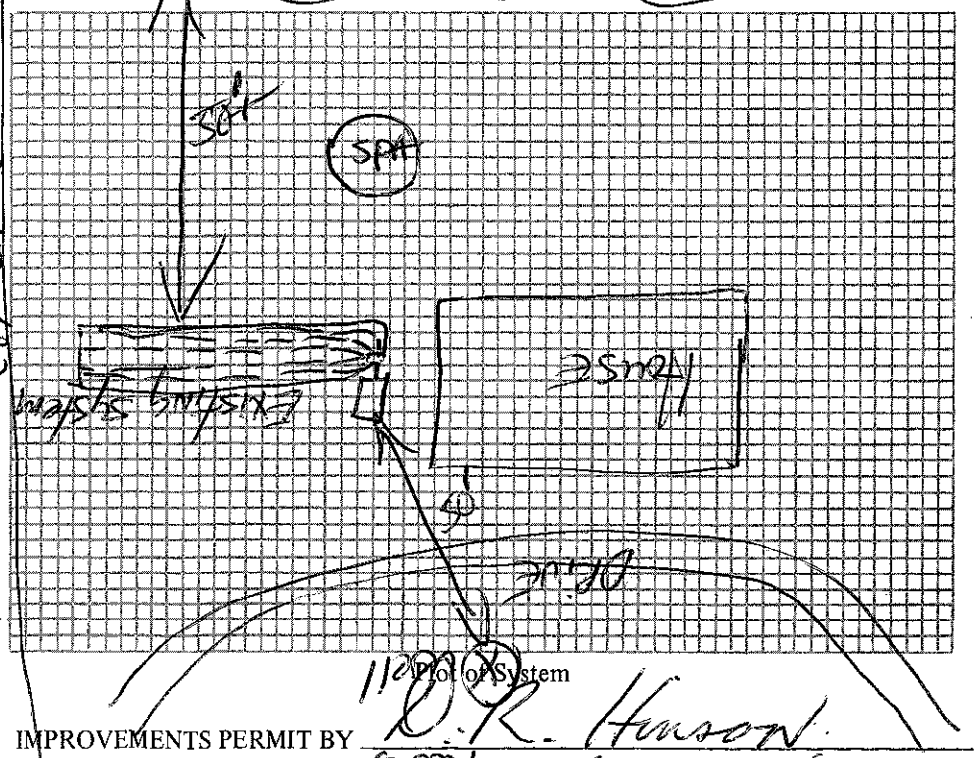
LOCATION 1100 TR 1236 BL on 1236 200 ft BR 1236 ½ mile on left S. R. No. _____

SUBDIVISION NAME LAKE NORMAN LOT NO. 148 SECTION OR BLOCK NO. 6

House (X) Mobile Home ( ) Business ( ) Other Adding SPA + wood deck + board walk

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	
Lot Area	EXISTING			Rock or other impervious formations	System

LAKE



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 O. R. Hanson

COMMENTS: EXISTING system working OK at date of inspection, do NOT drive over system if at all possible

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 4-17-84

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