IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C) 4615894973

OWNER OR CONTRACTOR Michael Lobbezoo DATE April 29, 88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 100 - TR 1177 Bradshaw 1458 (Barbers Loop) 2 1/2 miles on left S. R. No. _____

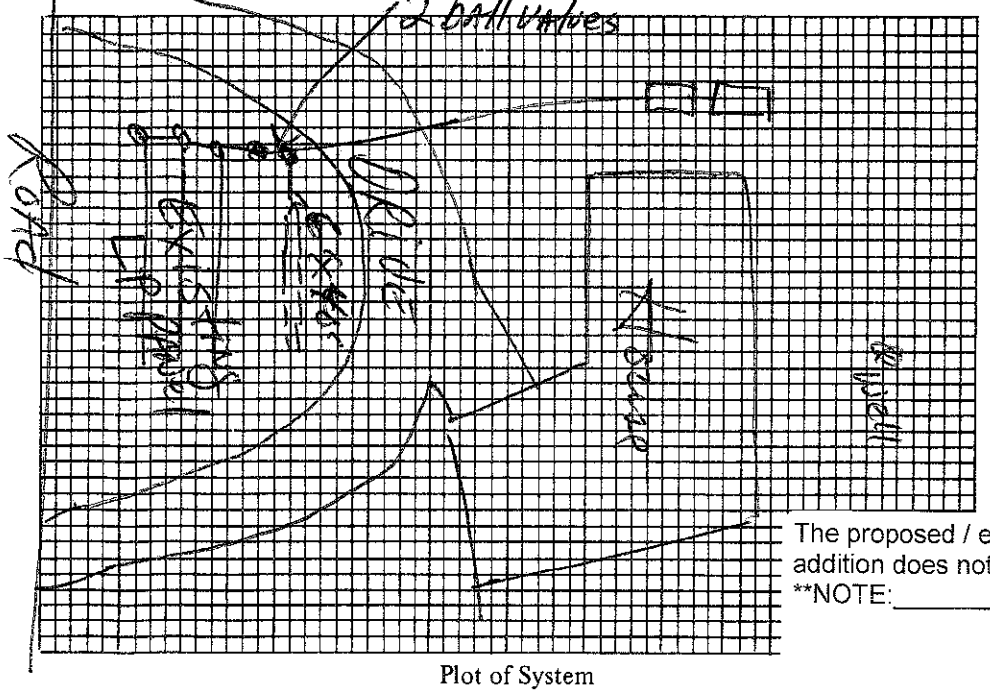
SUBDIVISION NAME Cliff Lake Norman LOT NO. 97 SECTION OR BLOCK NO. 7

House ( ) Mobile Home ( ) Business ( ) Other Repair

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

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 6 X 40' Bed
Sq. Ft. 240 Linear Ft. ~~480~~ 80'
Depth of Stone in Lines 24"+

Water Supply: Individual ( )
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

The proposed / existing GARAGE addition does not appear to impact the existing septic system.
**NOTE: _____

BAG R.S.
Date: 1-10-14
ICHD-Environmental Health Division

IMPROVEMENTS PERMIT BY _____

COMMENTS: Use repair bed to relieve pressure on main system. Switch valves to main system after 60-90 days.

CERTIFICATE OF COMPLETION BY [illegible] DATE 4-29-88

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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