4615999862

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 _____ DATE 7-25-14 PERMIT NO. 204

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 116 SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area _____

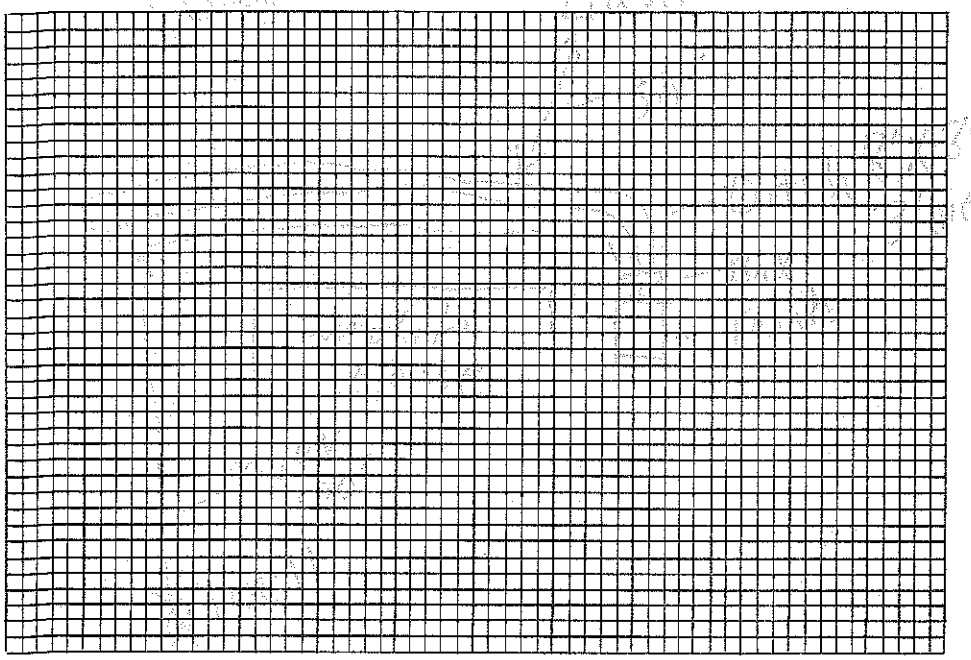
Character & Porosity of Soil Fine Sandy Loam

Percolation Rate Not Taken

Topography Gently Sloping

Depth to Water Table Not Encountered

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 450 Linear Ft. 150

Depth of Stone in Lines 24"

Water Supply: Individual ( )

Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: Have read Plans about

Septic System complete Home with House

to include Standard System

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 7-31-14

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold