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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 Paul Monday DATE 11-20-78 PERMIT NO. 325

PHONE: Business _____ Home _____

LOCATION 1100 Tlon 1177 Tlon 1458 1mi on right

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 96 SECTION OR BLOCK NO. 7

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 3 ac

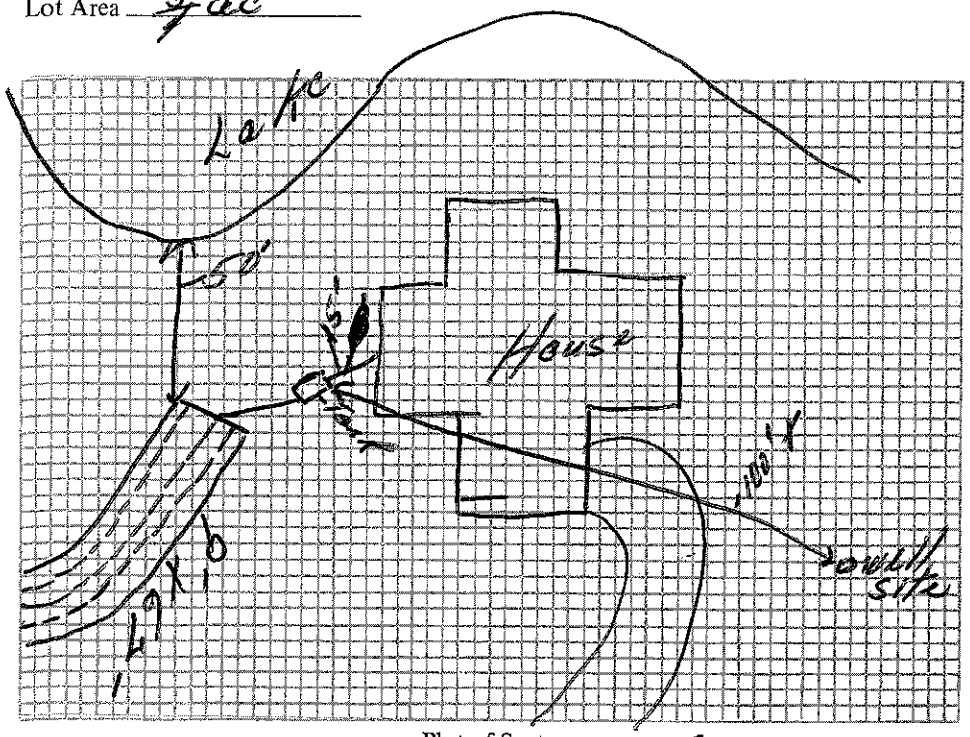
Character & Porosity of Soil Sandy loam

Percolation Rate 60 min/in

Topography 5 to 10% Slope

Depth to Water Table 10

Rock or other impervious formations None




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 600 Linear Ft. 300

Depth of Stone in Lines 16

Water Supply: Individual (✓)

Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: If have Plumping in Basement will have to put sewage pump to pump to tank. System to be install before any Construction done on Lot.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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