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 Claudette DeJong DATE Oct. 28, 91 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR1177 (Chickwood) at end Bear Lofton Barber Loop ~½ mile on right S. R. No. _____

SUBDIVISION NAME Crescent LAKE Norman LOT NO. 92 SECTION OR BLOCK NO. 7

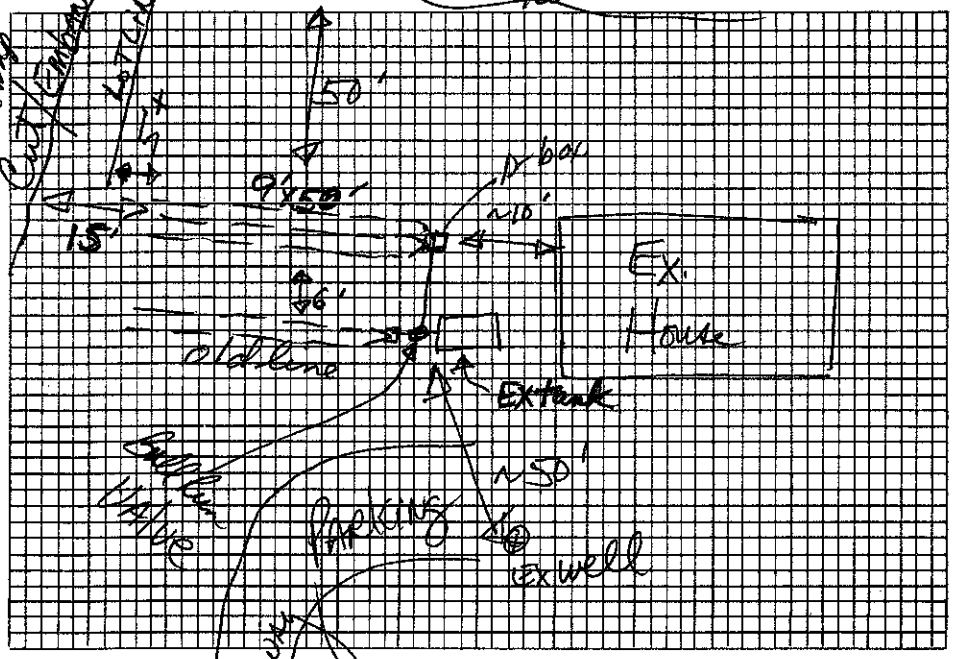
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 3 No. Bathrooms 1-2

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	ps clay loam
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	n.t.
Auto. Wash. Machine	Yes ( )	No ( )	Topography	6-10%
Site Suitable	Yes ( )	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	none obs.

Lot Area Existing LAKE NORMAN

Basement with Plumbing _____ Basement without Plumbing _____ No Basement (Crawl Space)



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 9'x50' (3 lines)
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines * 24"

Water Supply: Individual (✓) Ex.
Public ( )

Installed by _____

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

Signed: David R. Hinson

IMPROVEMENTS PERMIT BY David R. Hinson, R.S.

COMMENTS: Install new line no deeper than necessary.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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