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 Robert B. Auten DATE 4-19-83 PERMIT NO. 96

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 TR 1458 ~1mile on R

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 90 SECTION OR BLOCK NO. 7

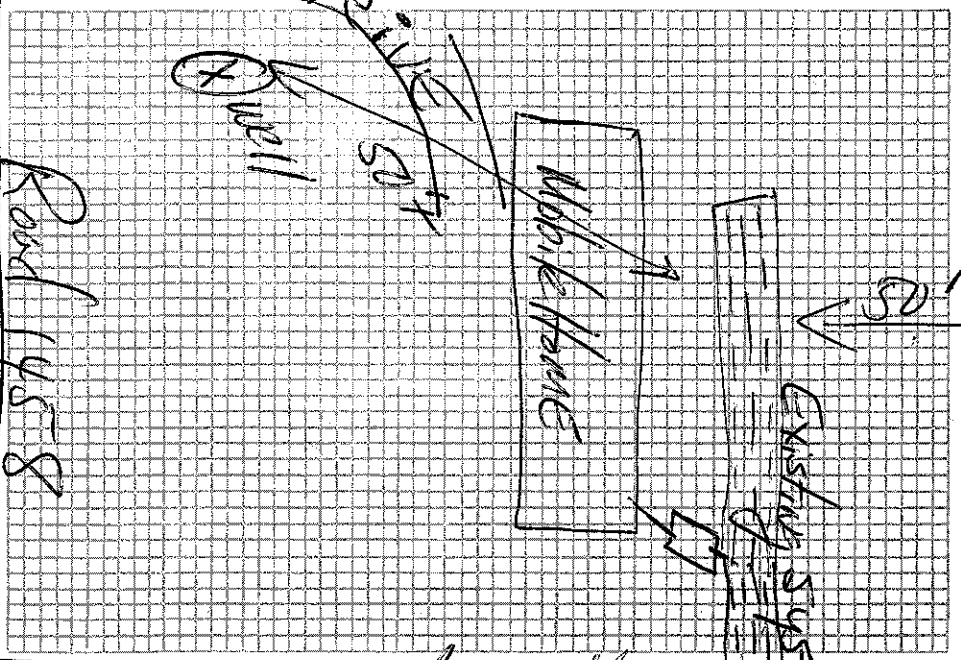
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
~~Lot Area~~ ½ ACRE

Character & Porosity of Soil _____
Percolation Rate _____
~~Topography~~ Lot Lake Existing System
~~Depth to Water Table~~ _____
Rock or other impervious formations _____

_____ ~~Basement with Plumbing~~ _____ Basement without Plumbing X No Basement



Plot of System

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 7-18-75 J. Erwin

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

Signed: _____

System checked 7-18-75 by John Houston

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: Existing System working OK at date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 4-19-83

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