IREDELL COUNTY HEALTH DEPARTMENT 4616 91 5286 II

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

OWNER OR CONTRACTOR Porter A. Houser DATE 8-30-83 PERMIT NO. 296

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 TL 1458 TR Landover Lane 2nd on R

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 82 (82) SECTION OR BLOCK NO. 7

House ( ) Mobile Home (X) Business ( ) Other Add bath - No additional Bedrooms

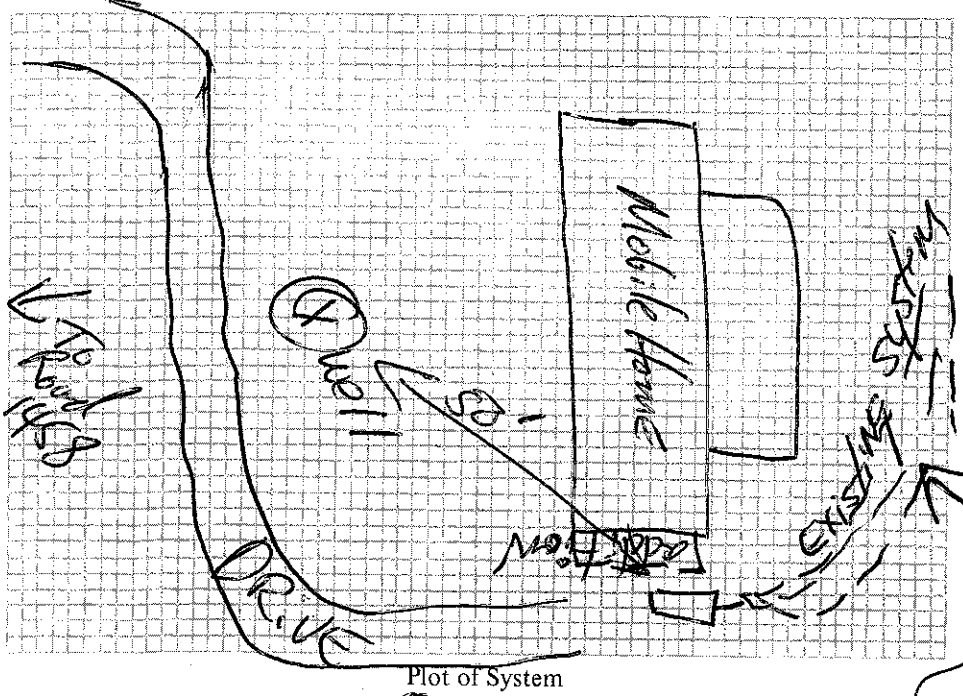
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes	( )	No	X	
Auto. Dishwasher	Yes	X	No	( )	
Auto. Wash. Machine	Yes	X	No	( )	
Site Suitable	Yes	X	No	( )	

Lot Area ~3/4 ACRE

Character & Porosity of Soil _____
Percolation Rate _____
Topography 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 _____ Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual X
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing System working o/k at date of Inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____
EXISTING SYSTEM CHECKED BY: Fred Clemmer 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