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 Ralph Wilson DATE 5-5-84 PERMIT NO. 174

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 2nd 1453 ¼mile on left in Sharp corner TL Bear Rt 1st road at end S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 231 SECTION OR BLOCK NO. 8

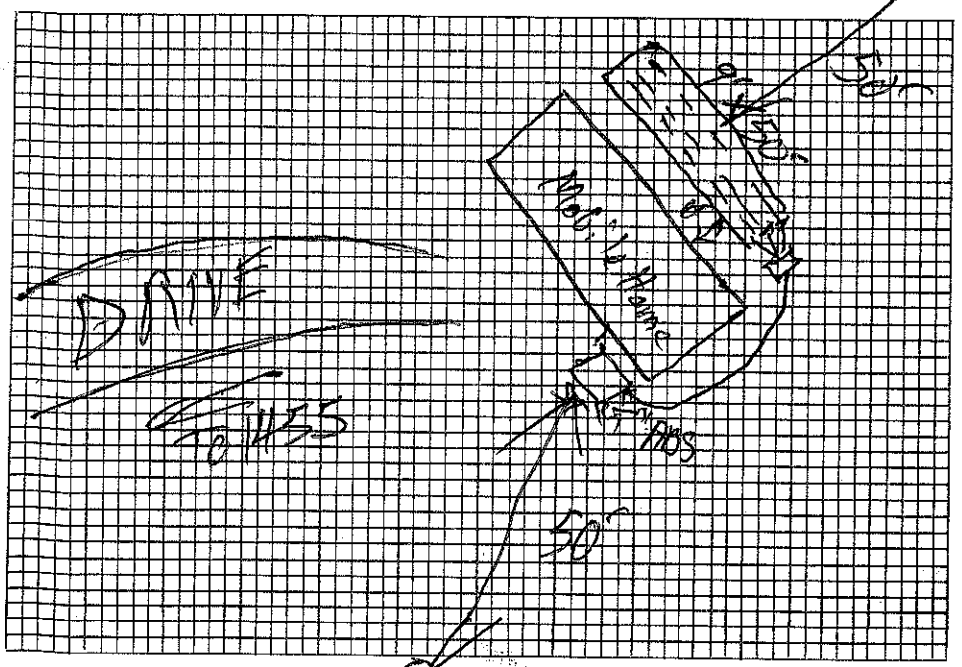
House ( ) Mobile Home (X) Business ( ) Other repair

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 _____

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



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 450 Linear Ft. 150
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 X well Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles K. Bennett + Fred Clemmer DATE 6-5-84

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