2.60

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 5-23-84 PERMIT NO. 135

PHONE: Business _____ Home _____

LOCATION 1100 - TR 1115 TR 2nd 1455 ¼ mile on left on Sharp curve TL bear Rt 1st Rt 2nd Rt

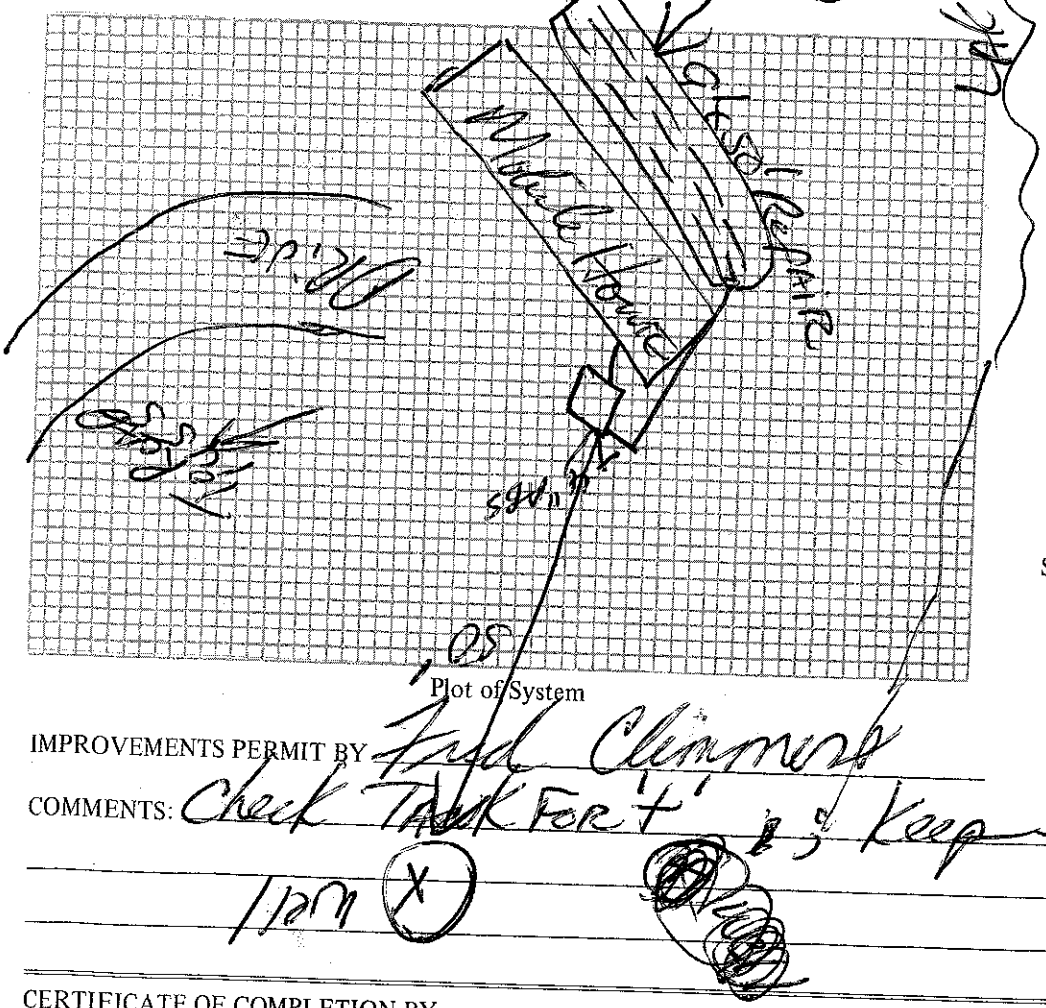
SUBDIVISION NAME Lake Norman LOT NO. 231 SECTION OR BLOCK NO. 8 S. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	Existing System
Auto. Wash. Machine	Yes (X)	No ( )	Topography	
Site Suitable	Yes (X)	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area _____



Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 450 Linear Ft. 150

Depth of Stone in Lines 12"

Water Supply: Individual (X)

Public ( )

Installed by _____

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

Signed: X Ralph Wilson

IMPROVEMENTS PERMIT BY Fred Climmons

COMMENTS: Check Tank For ↑ & Keep System Shallow

1/2m X

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

_____ 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