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 C.B. Moser DATE 9-4-85 PERMIT NO. 383

PHONE: Business ______ Home ______

LOCATION 1100 TR 1236 300 FT TR drive Mobile Home on R

S. R. No. ______

SUBDIVISION NAME LAKE NORMAN LOT NO. 54 SECTION OR BLOCK NO. 6

House ( ) Mobile Home (X) Business ( ) Other 12'X24' Boat House

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 ( )

Character & Porosity of Soil ______

Percolation Rate ______

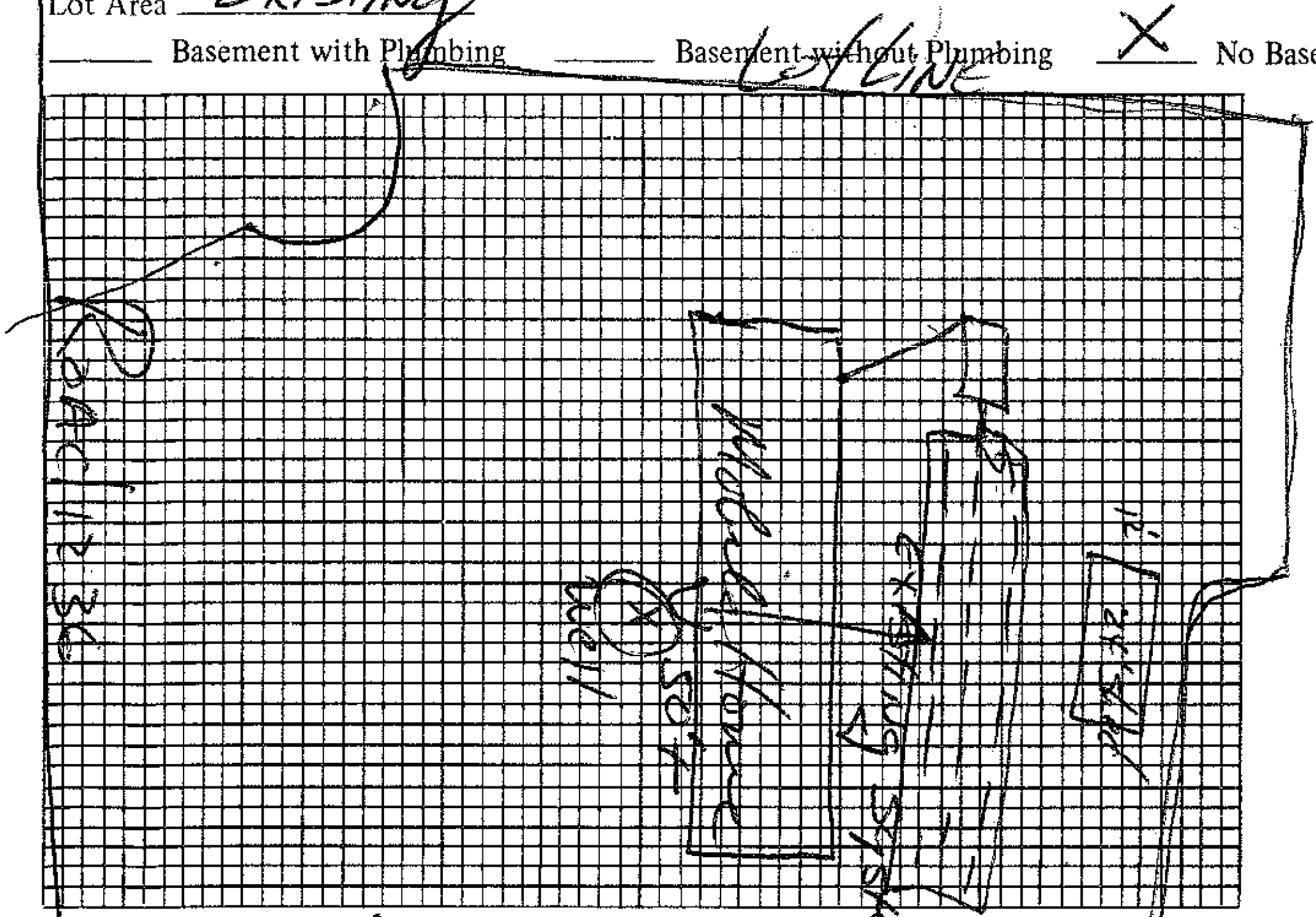
Topography ______ Existing System

Depth to Water Table ______

Rock or other impervious formations ______

Lot Area Existing

______ 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 ______

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

Signed: ______

IMPROVEMENTS PERMIT BY ______

COMMENTS: Existing System working ok at date of inspection

CERTIFICATE OF COMPLETION BY ______ DATE ______

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 9-4-85

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