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 Kenneth R. Prowse DATE 12-23-85 PERMIT NO. 535

PHONE: Business ________ Home ________

LOCATION 1100 TR 1177 TL Barbor Loop (1458) TL Abor Way (1459) ON R S. R. No. ____

SUBDIVISION NAME Lake Norman LOT NO. 128 SECTION OR BLOCK NO. 7

House (X) 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 Existing

Character & Porosity of Soil ________

Percolation Rate Existing System

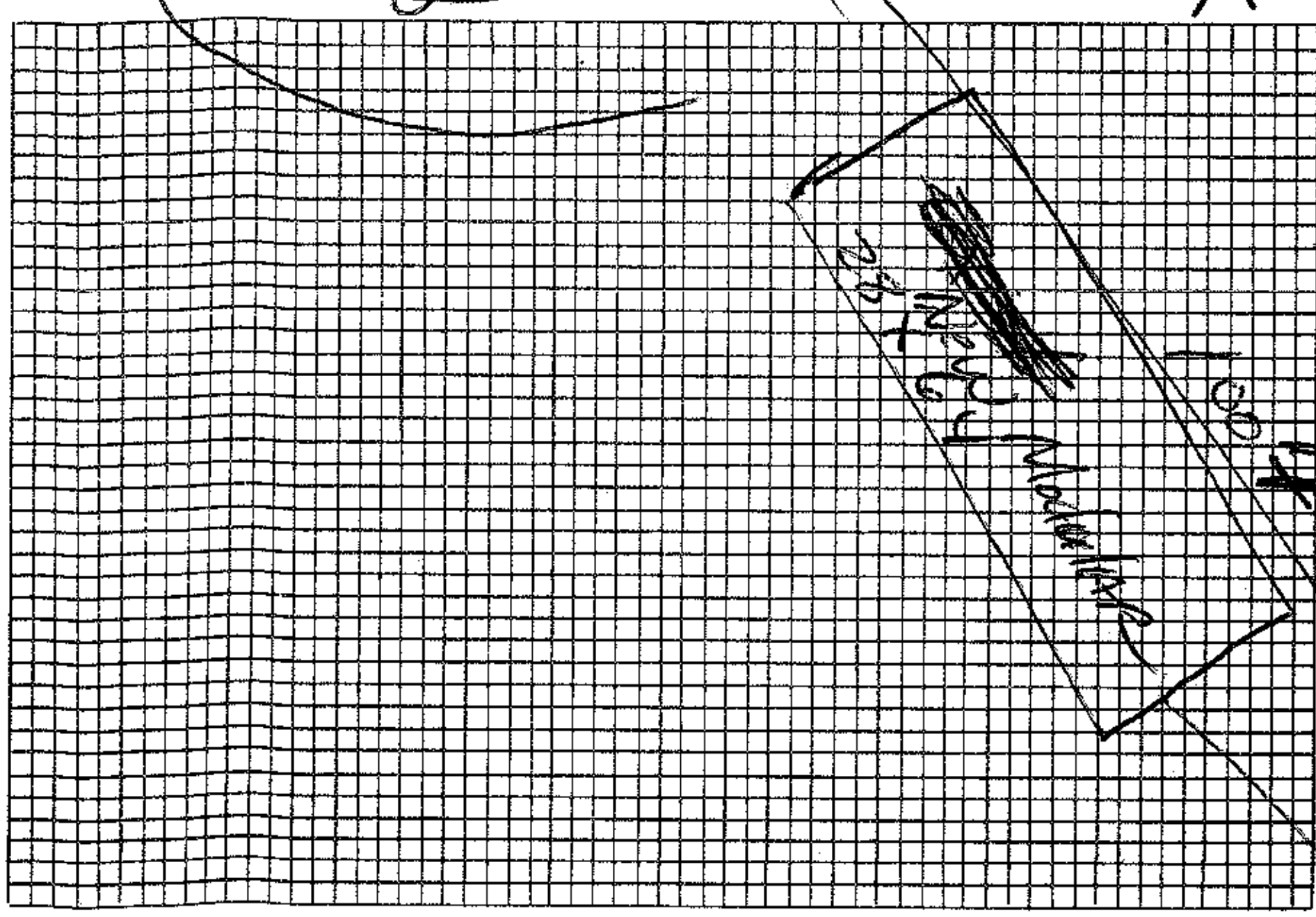
Topography ________

Depth to Water Table ________

Rock or other impervious formations ________

Existing Well

____ Basement with Plumbing ____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1972 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 J. C. Moore

COMMENTS: Only 1 house permitted on septic system; do away with bathhouse (Existing Mobile Home)

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE ________

EXISTING SYSTEM CHECKED BY: ________ DATE 12-23-85

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