4025-08-7171

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 Joseph R. Powell Jr. DATE 6-1-81 PERMIT NO. 124

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 TR 1458 TR 1459

Bear left @ Forks, 2 mi on left S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 135 SECTION OR BLOCK NO. 7

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil _____

Percolation Rate _____

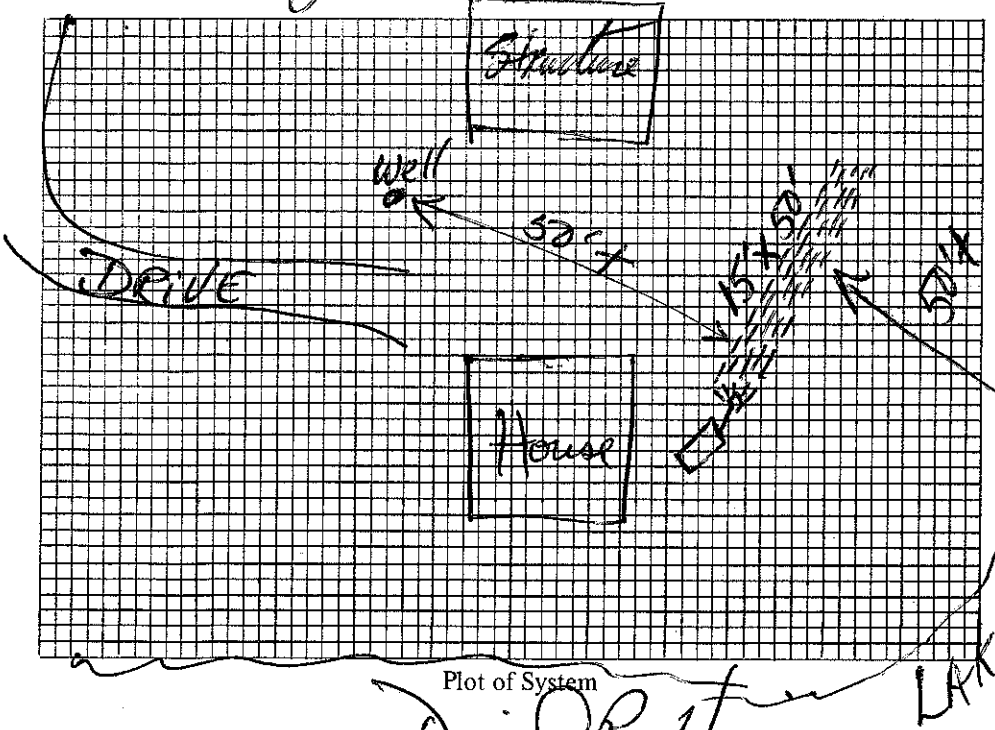
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 750 Linear Ft. 250

Depth of Stone in Lines 16"

Water Supply: Individual (✓)

Public ( )

Installed by _____

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

Signed _____

IMPROVEMENTS PERMIT BY David R. Hinson

COMMENTS: Full plumbing out at ground level. Set tank and drainfield as shallow as possible.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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