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 Eva Ray Bryant DATE 3-27-15 PERMIT NO 52

PHONE: Business _____ Home 664 4563

LOCATION 1400 ft on 177 TL on 1459 Bear left at end. S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes ( ) No (X)

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area 5 acre

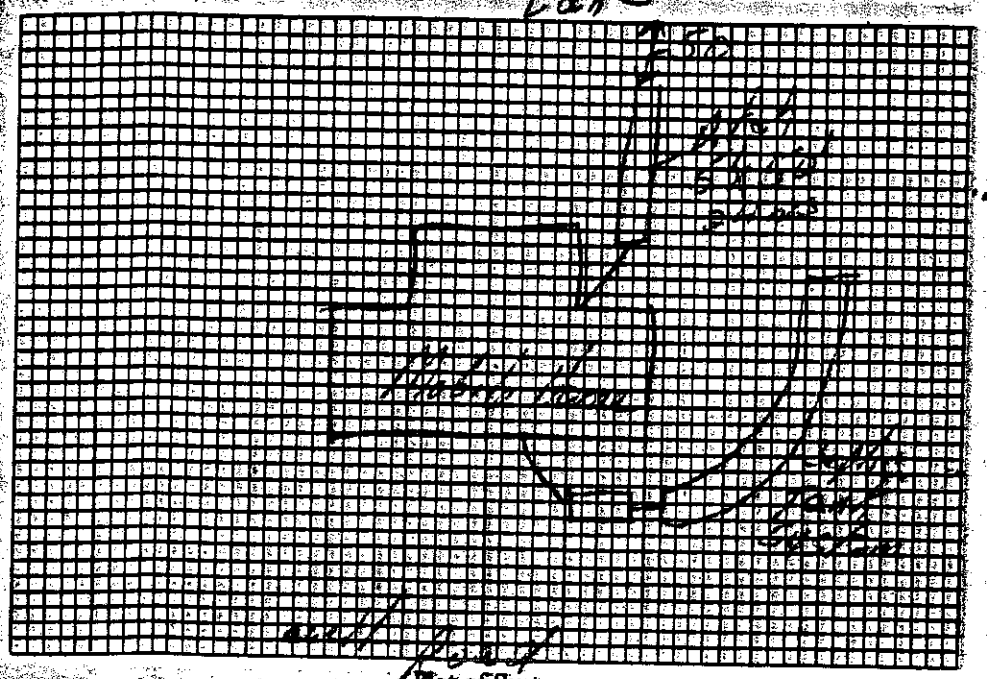
Character & Porosity of Soil Washing Machine Line Clay loam

Percolation Rate not taken

Topography 2 to 8% slope

Depth to Water Table 5 ft +

Rock or other impervious formations None



Plot of System

Size of Tank Washing Machine Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 250 Linear Ft. 180

Depth of Stone in Lines 14"

Water Supply: Individual (X)

Public ( )

Installed by E. L. Sain

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: _____

CERTIFICATE OF COMPLETION BY John Houston DATE 3-27-15

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold