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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 Donald Glover DATE 5-5-86 PERMIT NO. 244

PHONE: Business ____________ Home ____________

LOCATION Brawley School Rd (1100) TR Chuckwood TL on Barbers loop TL on Arborway BR at fork 2nd lot on R S. R. No. ______

SUBDIVISION NAME Lake Norman LOT NO. #121 SECTION OR BLOCK NO. 7

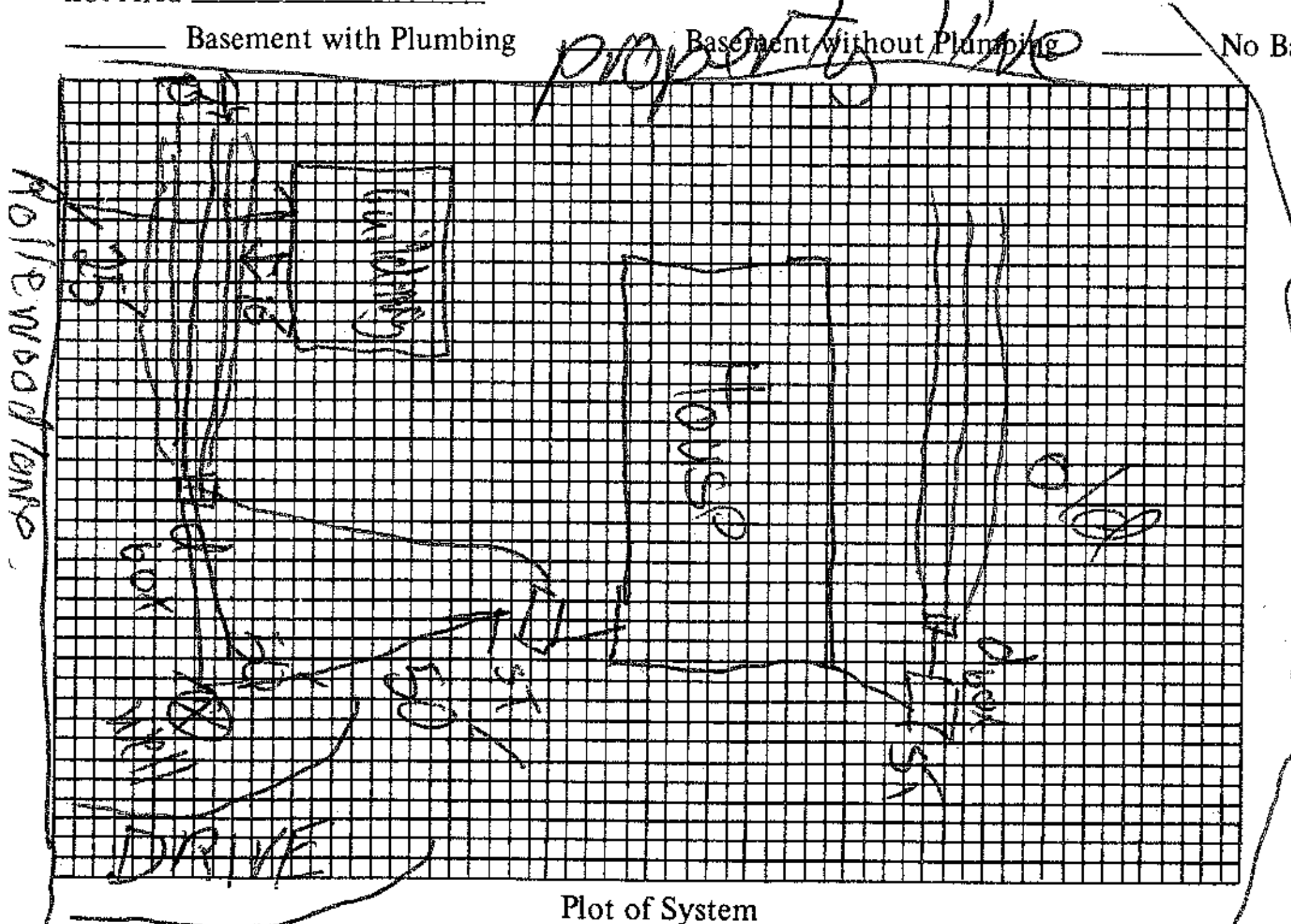
House (✓) Mobile Home ( ) Business ( ) Other adding building (storeage building)

No. Bedrooms ______ No. Bathrooms ______ Existing
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )

Character & Porosity of Soil ______ Existing
Percolation Rate ______
Topography ______
Depth to Water Table ______
Rock or other impervious formations ______

Lot Area ______

______ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field: Existing
No. of Lines ______
Sq. Ft. ______ Linear Ft. ______
Depth of Stone in Lines ______
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 ______

COMMENTS: Existing system working OK at date of inspection that building need to be 10' from lines and tank

CERTIFICATE OF COMPLETION BY ______ DATE ______
EXISTING SYSTEM CHECKED BY: Charles K Barnett DATE 5-5-86

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