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 R.D. Matthews DATE ~~6~~ 4-18-86 PERMIT NO. 191

PHONE: Business _____ Home _____

LOCATION 1100 TL 1177 (Chuckwood) TL Barbers Loop (1458) TL 1430 (Arborway) 2nd lot on left S. R. No. _____

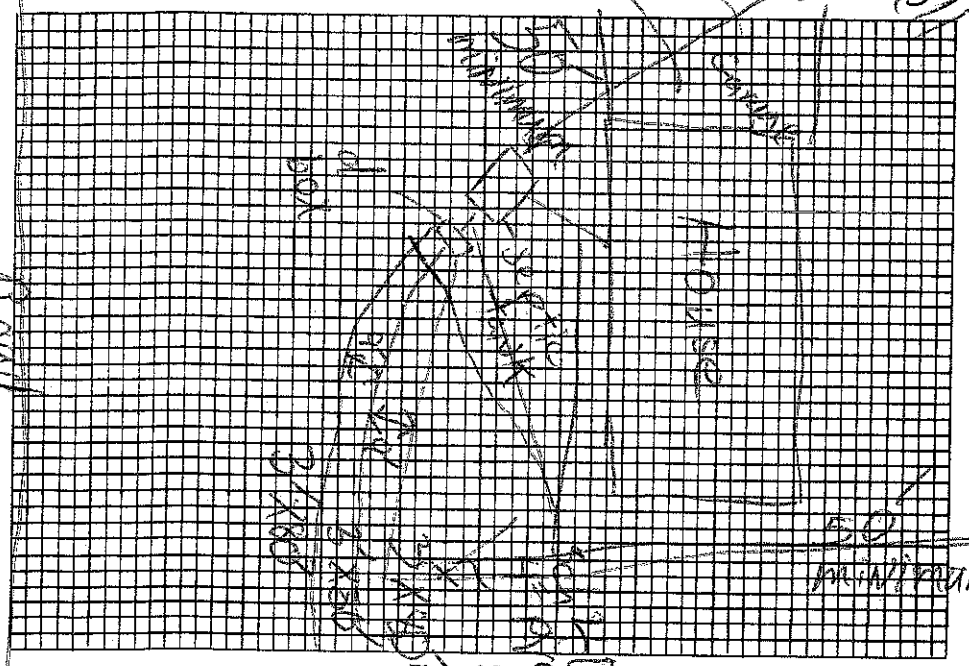
SUBDIVISION NAME Lake Norman LOT NO. 142 SECTION OR BLOCK NO. 7

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (-)	No (✓)	Character & Porosity of Soil	clay loam
~~Auto. Dishwasher~~	Yes (-)	No ( )	Percolation Rate	0.5 gal/ft²/day
Auto. Wash. Machine	Yes (-)	No ( )	Topography	2 1890 4
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	
Lot Area 20000 ft²			Rock or other impervious formations	none obs

_____ Basement with Plumbing _____ Basement without Plumbing (X) No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 120 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: ~~X~~ Jerry Ewing

IMPROVEMENTS PERMIT BY Charles K. Barnett

COMMENTS: Keep system shallow & follow contour ~~over~~ avoid burying tank deep no more than 2 ft cover over tank (relay out) doing away with old drive way No bigger than 3 bedroom total

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