13465

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 James M. Leatherwood DATE Oct. 18, '91 PERMIT NO. 2E-1-A-68

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 (Chuckwood) at end TR Barber Loop 1.02 mile TR gravel rd. 2nd house on Rt. S. R. No. _____

SUBDIVISION NAME Crescent Lake Norman LOT NO. 68 SECTION OR BLOCK NO. 7

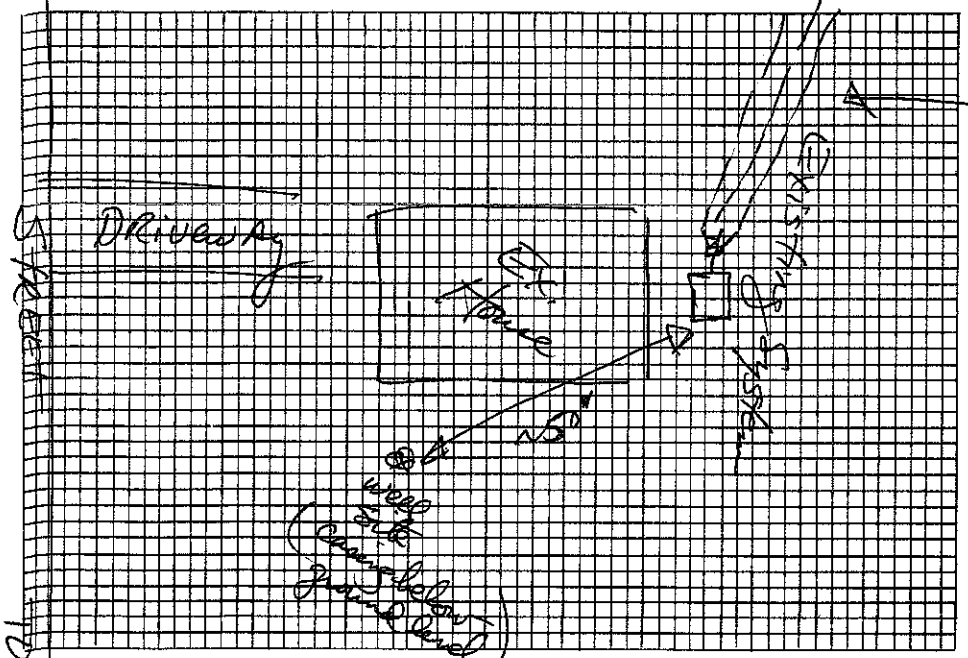
House (✓) Mobile Home ( ) Business ( ) Other Addition of 1 room (building to be moved on site and attached to house) NO INCREASE IN # OF bedrooms

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes ( )	No ( )	Topography	
Site Suitable	Yes ( )	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area Existing

___ Basement with Plumbing ___ Basement without Plumbing ___ No Basement



Size of Tank Existing Gals.

Nitrification Field:

No. of Lines Existing

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

50' ± LAKE

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system shown no sign of malfunction at time of Inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: J. R. Johnson, RS. DATE 10-18-91

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