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IREDELL COUNTY HEALTH DEPARTMENT

12942

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR J.D. Cannon DATE June 6, 91 PERMIT NO. 2F-3-A-198

PHONE: Business _____ Home _____

LOCATION 1100 SR 1115 (Mekendree) at end bear left 4th lot on Right S. R. No. _____

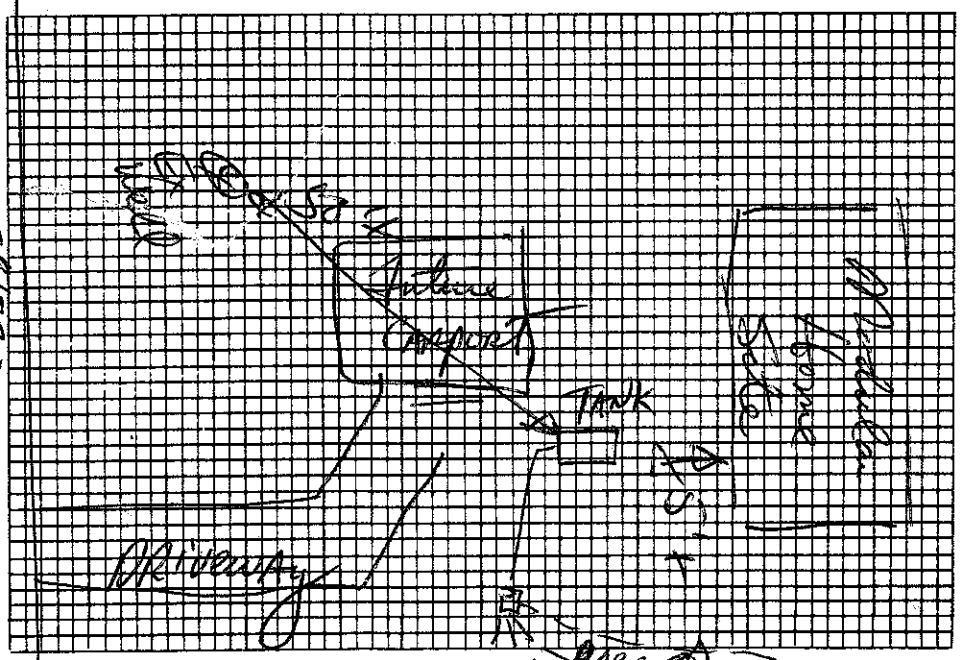
SUBDIVISION NAME Crescent Res. Lake Norman LOT NO. 198 SECTION OR BLOCK NO. 8

House ( ) Mobile Home (✓) Business ( ) Other Replacing ex. 2 bedroom home w/ 2 bedroom modular

No. Bedrooms 2	No. Bathrooms 2			Character & Porosity of Soil	
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	
Auto. Dishwasher	Yes (✓)	No ( )		Topography	
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	
Site Suitable	Yes ( )	No ( )		Rock or other impervious formations	

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines Existing
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 showing no sign of malfunction at time of inspection
Ground very hard, unable to locate lines by probing. LAKE

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: D.R. Hinson, RS DATE 6-6-91

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