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 _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Home _____

LOSATION _____

_____ S. R. No. _____

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

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes ( )	No ( )

Character & Porosity of Soil _____

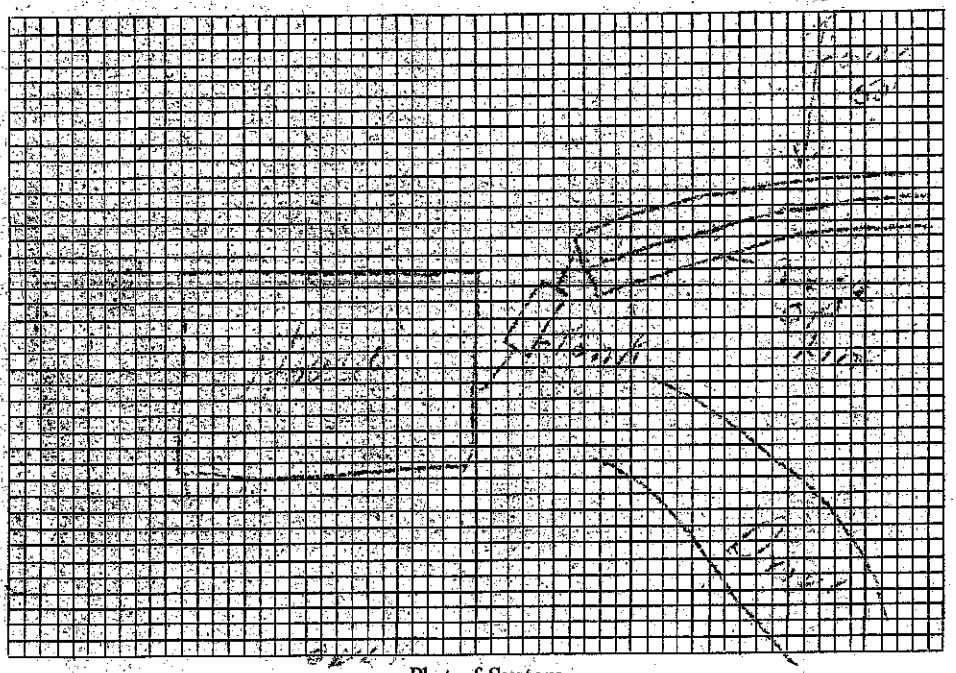
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area _____



Plot of System

Size of Tank _____ Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

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

IREDELL COUNTY HEALTH DEPARTMENT

SEPTIC TANK SYSTEM PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System - G.S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR [illegible] DATE 4-15-72 PERMIT NO.

PHONE: Business Home 528 2120

LOCATION 1100 Lyon Hill Lyon Rd 8 CM

S. R. No.

SUBDIVISION NAME Lake Norman LOT NO. 188 SECTION OR BLOCK NO. B

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

No. Bedrooms 3 No. Bathrooms 1 Character & Porosity of Soil Existing System

Garbage Disposal Unit Yes ( ) No (X) Percolation Rate

Auto. Dishwasher Yes ( ) No (X) Topography

Auto. Wash Machine Yes (X) No ( ) Depth to Water Table

Site Suitable Yes (X) No ( ) Rock or Other Impervious formations

Lot Area Lake

Size of Tank Existing Gals.

Nitrification Field

No. of Lines

Sq. Ft. Linear Ft.

Depth of Stone in Lines

Water Supply: Individual (X)

Public ( )

Installed by

Plot of System

IMPROVEMENTS PERMITTED BY

COMMENTS: Existing Working Out of Ref. Tank

Off the Existing Plan

CERTIFICATE OF COMPLETION BY [signature] DATE 4-15-72

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