IREDELL COUNTY HEALTH DEPARTMENT

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

NER OR CONTRACTOR _____ DATE _____ PERMIT NO. 34

NE: Business _____ Home _____

ATION _____

DIVISION NAME Lake Norman LOT NO. 186 S. R. No. _____

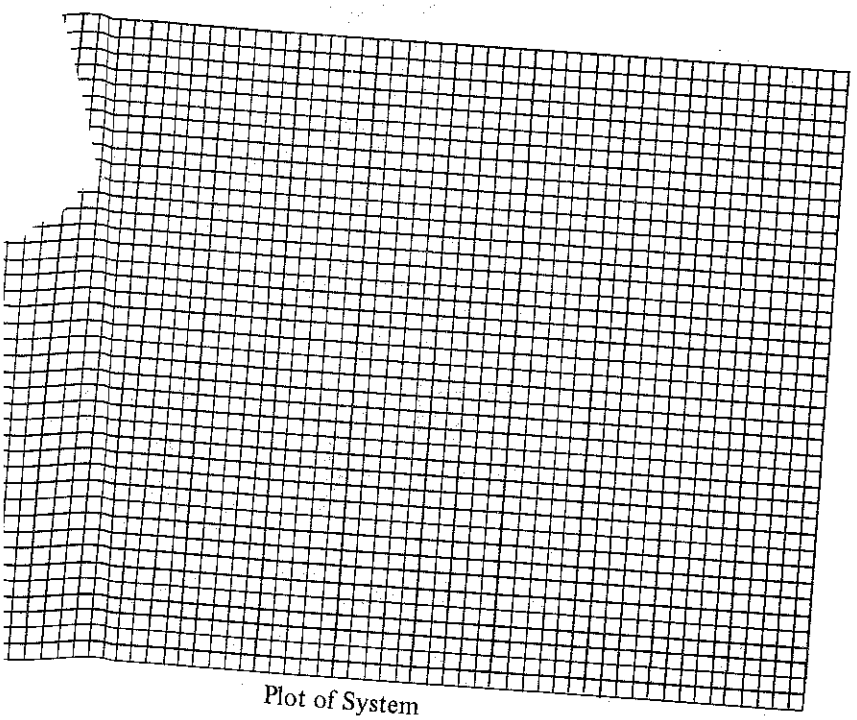
SECTION OR BLOCK NO. 8

( ) Mobile Home ( ) Business ( ) Other _____

drooms _____ No. Bathrooms _____

e Disposal Unit	Yes ( )	No ( )
ishwasher	Yes ( )	No ( )
ish. Machine	Yes ( )	No ( )
ble	Yes ( )	No ( )

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



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 _____

ENTS PERMIT BY _____

_____

_____

_____

_____

E OF COMPLETION BY _____ DATE _____

RUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

alth Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold