G. 30

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 Tim Bowen Realty DATE 3-7-84 PERMIT NO. 39

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1455 1 block TR 1292 (Abbott Road) Bear left on 1455 ~.2 mile TR dirt street Lot on left S.R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 256 SECTION OR BLOCK NO. 8

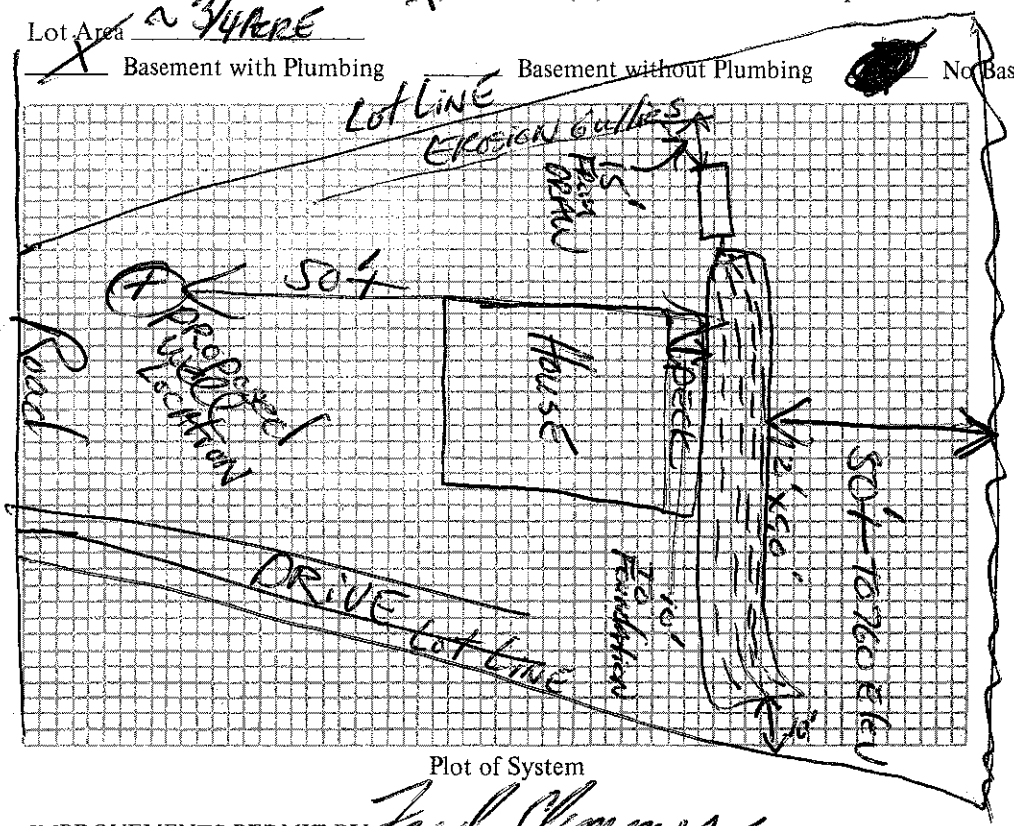
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	clay loam - clay
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0.5 gal/ft²/day
Auto. Wash. Machine	Yes (X)	No ( )	Topography	6%
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4'
			Rock or other impervious formations	None observed

Lot Area ~ 3/4 ACRE

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



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1080 Linear Ft. 360'
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: X J. Bowen

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: divert surface water from nitrification field; pipe off gutter drains away from nitrification field; may require french drain to be determined at time of installation

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