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 Robert Flippin DATE 4-30-85 PERMIT NO. 174

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1455 go a block TL 1292 Abbot Rd Bear left on 1455 .2mile TR dirt street 1st lot on left S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 255 SECTION OR BLOCK NO. 8

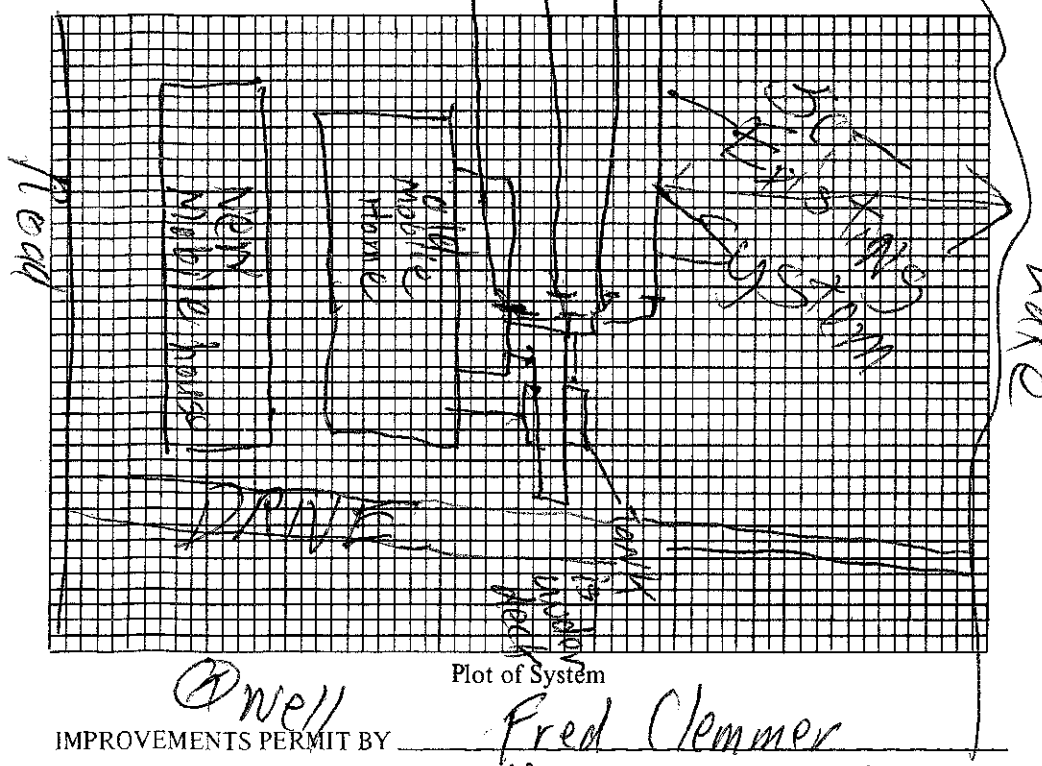
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 3/4 acres

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines _____

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 Fred Clemmer

COMMENTS: New mobile new to be more back at least 10ft from drainfield lines old trailer system is not & the deck also should not be over system, need to be moved back 10ft from tank & drainfield lines. Existing system working. Okay date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles K. Baynoff 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