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 5-24-84 PERMIT NO. 153

PHONE: Business _____ Home _____

LOCATION 1400 TR 1115 TR 1455 Block TR 1292 Cabot Road, Bear left on 1455 .2 mile TR dirt street on 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)
Auto. Dishwasher	Yes (X)	No ( )
Auto. Wash. Machine	Yes (X)	No ( )
Site Suitable	Yes (X)	No ( )

Lot Area 1/4 Acre

Character & Porosity of Soil C/Ay

Percolation Rate 25 min/1" 2 30 min/1" 2 40 min/1"

Topography Slopping

Depth to Water Table 24"

Rock or other impervious formations NONE OBS.



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 120 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (X)

Public ( )

Installed by J.R. Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY [illegible] for Line

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 5-24-84

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