4626098739

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 Bruno De Stefani DATE 6-6-84 PERMIT NO. 175

PHONE: Business _____ Home _____

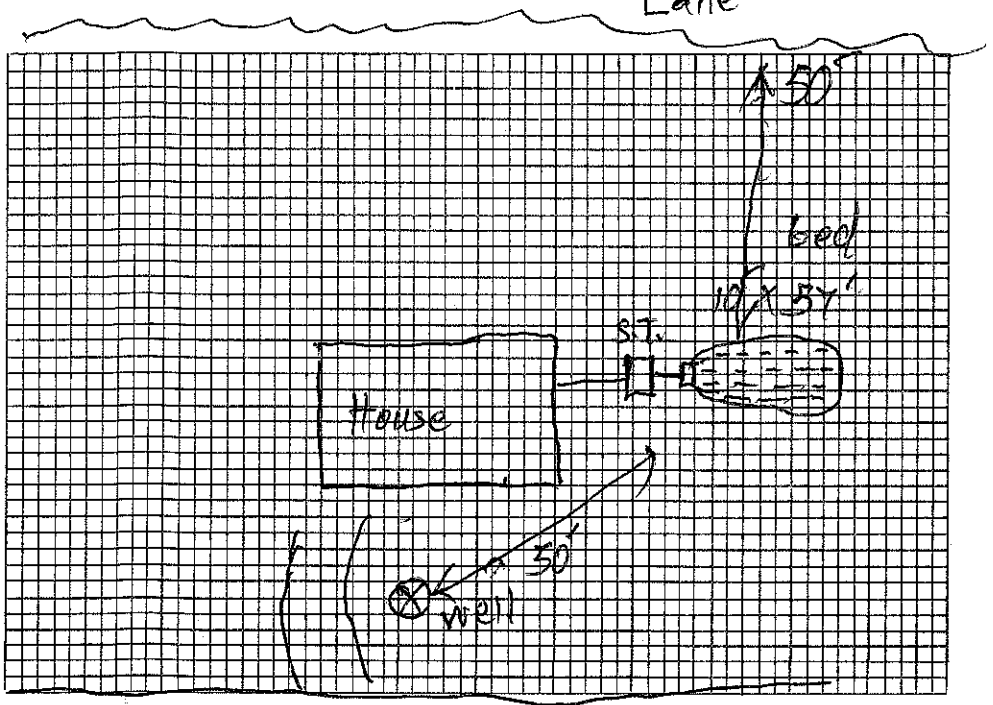
LOCATION 1100 TR 1115 TR 1455 1st Lt Lt. at Stop Keep Rt. on Rt. on cul de sac S. R. No. _____

SUBDIVISION NAME LAKE NORMAN LOT NO. 260 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	Existing system	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate		
Auto. Wash. Machine	Yes (X)	No ( )	Topography		
Site Suitable	Yes (X)	No ( )	Depth to Water Table		
Lot Area 1 acre			Rock or other impervious formations		



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 10'-57' bed
Sq. Ft. 625 Linear Ft. 225
Depth of Stone in Lines 10"
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: _____

system checked by Troy Scoggins 5-21-90

IMPROVEMENTS PERMIT BY _____

COMMENTS: System working OK at date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 6-6-84

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