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 McQuirt DATE 2-23-94 PERMIT NO. _____

PHONE: Business _____ Home 664-4457

LOCATION 1100 TR on 1179 Then TL on 1457 Left on last S. R. No. 1459

SUBDIVISION NAME Lake Norman LOT NO. 150 SECTION OR BLOCK NO. D

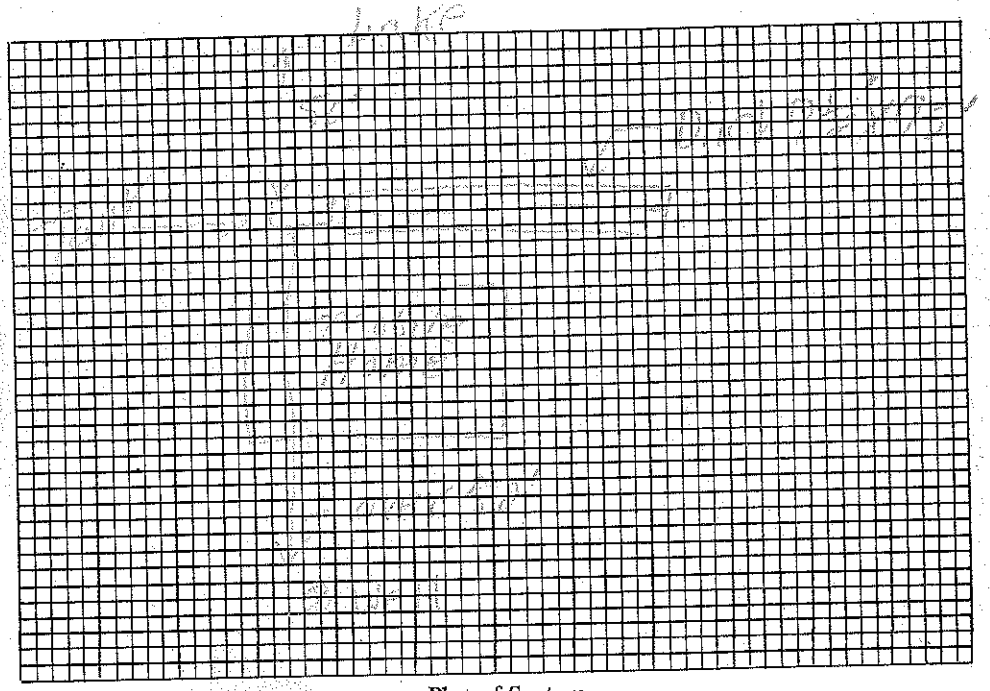
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No ( )	
Auto. Dishwasher	Yes ( )	No ( )	
Auto. Wash. Machine	Yes ( )	No ( )	
Site Suitable	Yes ( )	No ( )	

Lot Area Large

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



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 525 Linear Ft. 225
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public ( )

Installed by Plas-3 Norman 1968

IMPROVEMENTS PERMIT BY _____

COMMENTS: System designed for one dwelling only. Also system was functioning properly at the time of this inspection.

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 12-13-96

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

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