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 H. B. Fraker DATE 6-8-76 PERMIT NO. 1468

PHONE: Business _____ Home _____

LOCATION 1100 FR on 1177 1st on 2nd Lot on Right

SUBDIVISION NAME Lake Norman LOT NO. 62 SECTION OR BLOCK NO. 2 S. R. No. _____

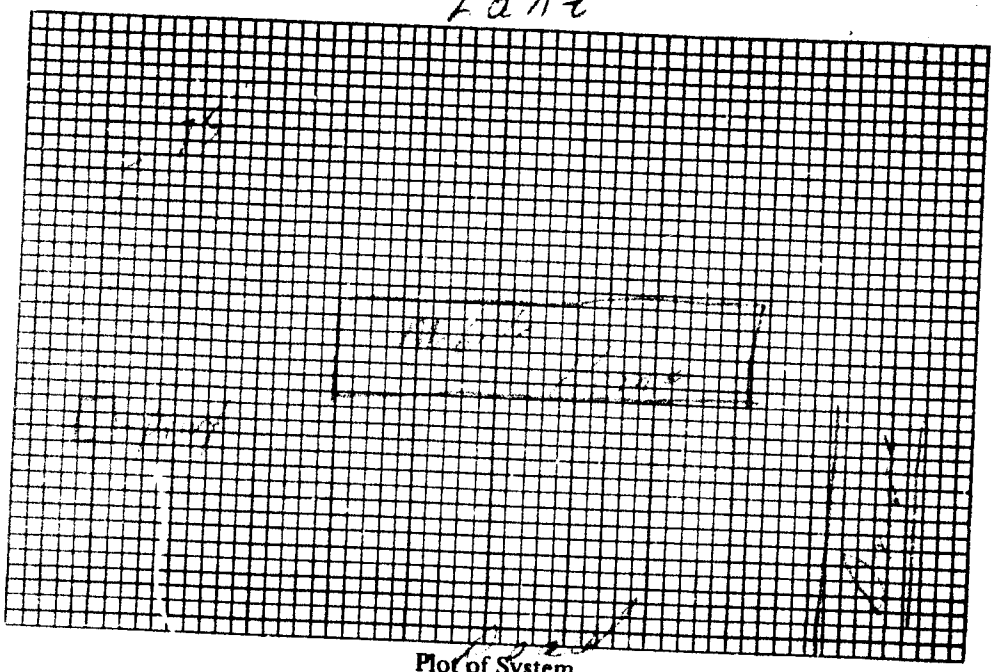
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 1 & water to Mobile Home No. Bathrooms 1 1/2

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

Lot Area 1/4 acre

Lake



Plot of System

Size of Tank Rock Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )

Installed by S/P

IMPROVEMENTS PERMIT BY _____

COMMENTS: No water to Mobile Home

CERTIFICATE OF COMPLETION BY _____ DATE 6-8-76

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