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 Roy Hamme DATE Jan 30, 80 PERMIT NO. 13

PHONE: Business _____ Home _____

LOCATION 1100 T Ron 1177 Tl on 1458 ~.3 mi on left S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 153 SECTION OR BLOCK NO. 7

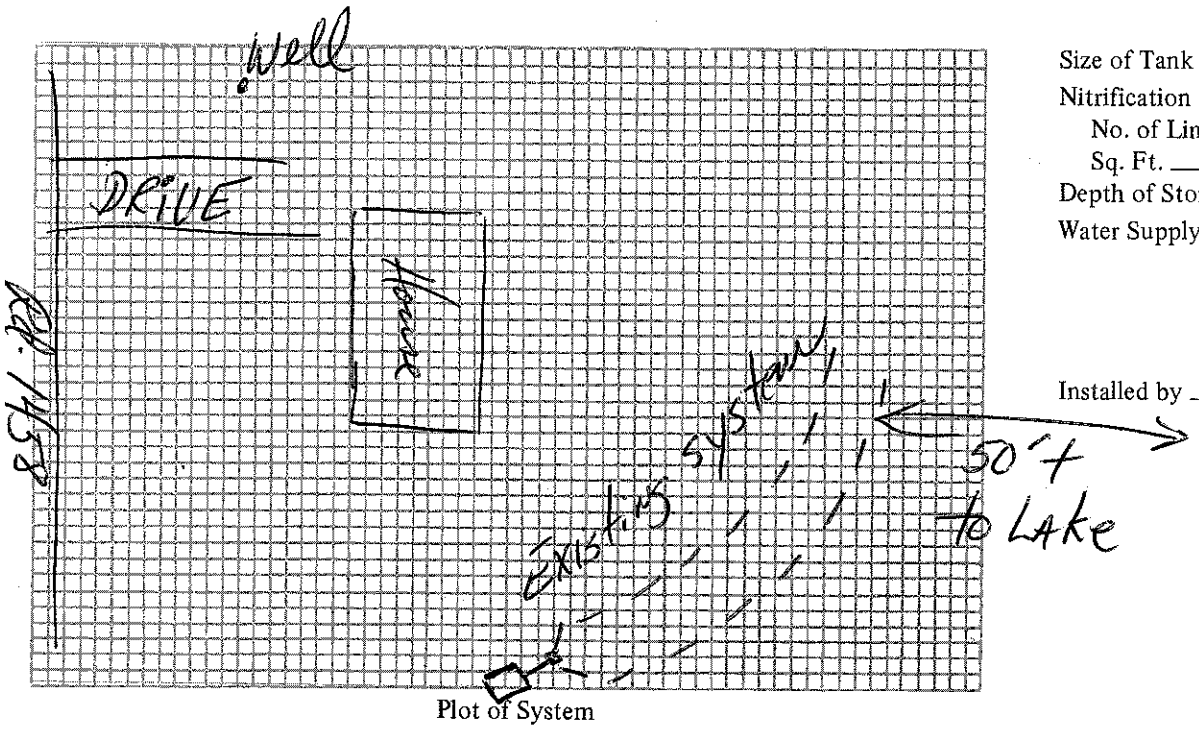
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 1 No. Bathrooms 1

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

Lot Area ~3/4 AC

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



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system working OK at time of inspection.

CERTIFICATE OF COMPLETION BY Harold R. Johnson DATE Jan. 30, 80

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