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 Joe B. Dellinger DATE 6-24-82 PERMIT NO. 191

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 TR Catawba 1238 0.1 Mile on left

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 56 SECTION OR BLOCK NO. 7

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

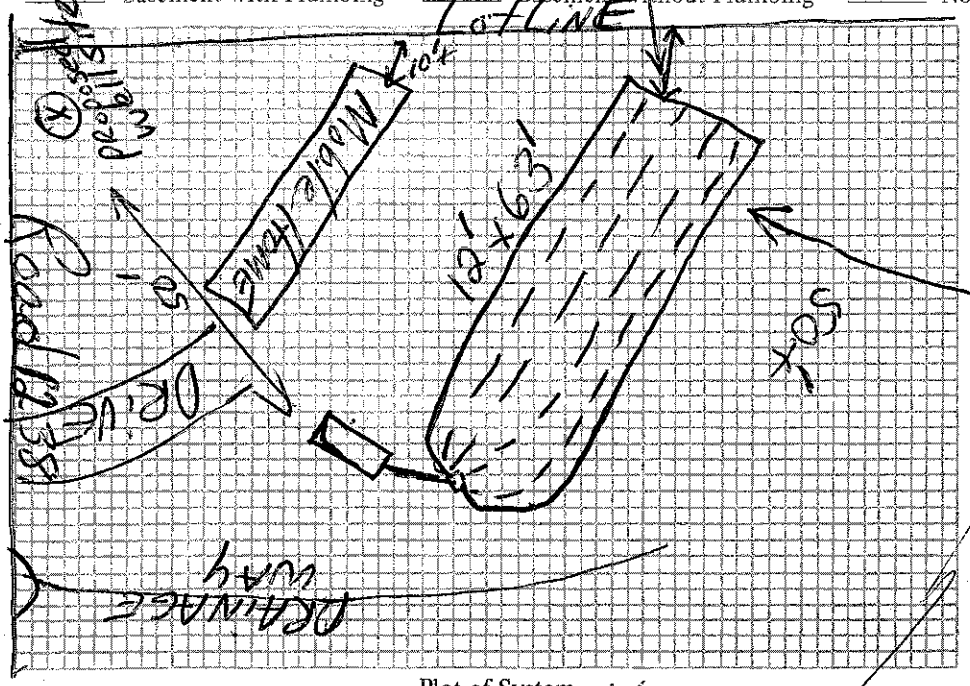
No. Bedrooms 2 No. Bathrooms 1½

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

Lot Area .6 ACRE

Character & Porosity of Soil Clay loam, GRANite inclusions
Percolation Rate ~80 MPI
Topography 20-25% 4%
Depth to Water Table _____
Rock or other impervious formations NONE observed

___ Basement with Plumbing ___ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field: 4
No. of Lines
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16"
Water Supply: Individual (X)
Public ( )

Installed by Pumpkin Center Dellinger Grading (Ken Dellinger)

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

Signed: _____

IMPROVEMENTS PERMIT BY D. R. Henson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 6-24-82

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