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 5-21-82 PERMIT NO. 99

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 Thatend (1238) .1 mile on left S. R. No. _____

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

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

No. Bedrooms 2 No. Bathrooms 1½

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area .6 Ac.

Character & Porosity of Soil clay loam

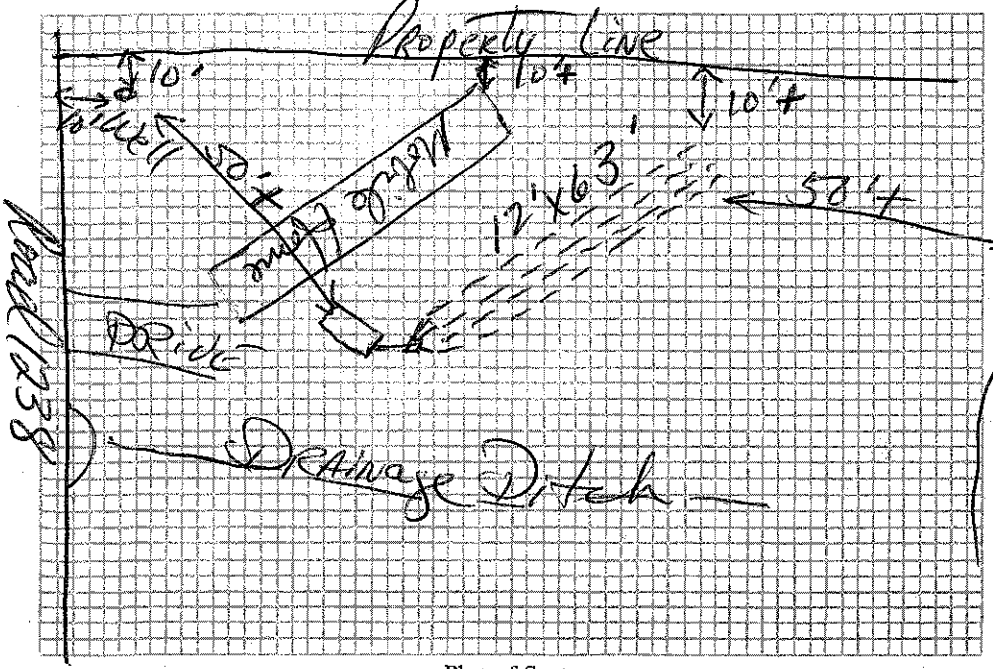
Percolation Rate 480 mpi

Topography 25% to 4%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 250 Linear Ft. 250
Depth of Stone in Lines 16"

Water Supply: Individual (✓)
Public ( )

Lake

Installed by _____

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

X Signed: Joe B. Dellinger

IMPROVEMENTS PERMIT BY David Hunsucker

COMMENTS: System to be installed as drawn. Call Health Dept. if problems encountered.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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