10.00

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 Amos C. Abernathy DATE April 27, 1983 PERMIT NO. 104

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TL 1446 ½ mile on Rt.

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 163 SECTION OR BLOCK NO 8

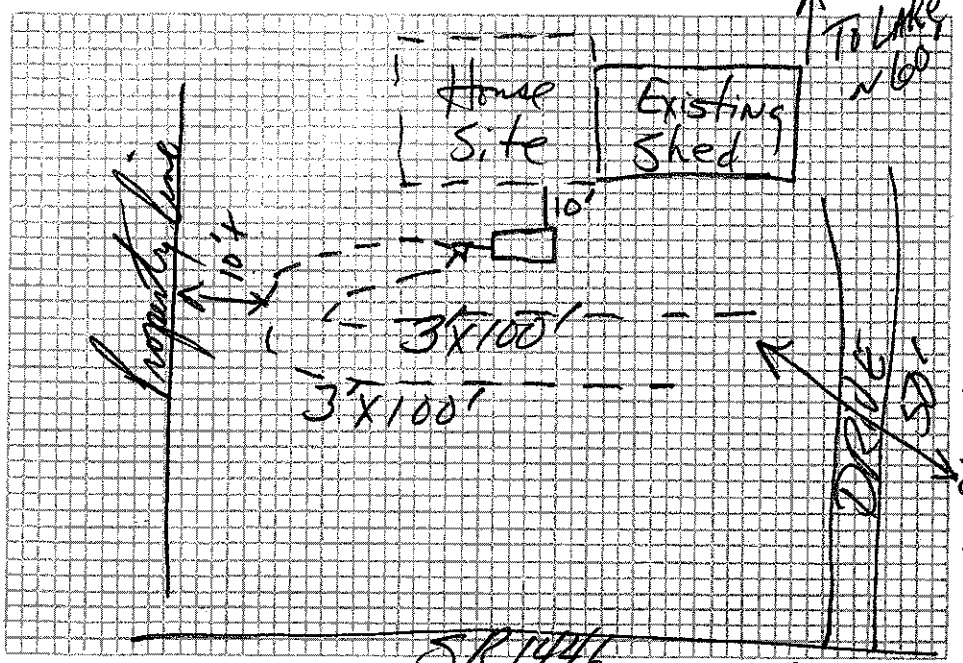
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay loam
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	6 minutes
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	rolling
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'
			Rock or other impervious formations	none obs.

Lot Area ~ 3/4 Ac.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

X Signed Amos C. Abernathy

IMPROVEMENTS PERMIT BY David R. Henson

COMMENTS: Stub plumbing out above ground level in order to keep system from being too deep.

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