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 Charlie Caldwell DATE 10-20-05 PERMIT NO. 251

PHONE: Business _____ Home Dur 528-6081

LOCATION 1100 feet TR 1100 to end TR last one left

_____ S. R. No. 7

SUBDIVISION NAME Lake Norman LOT NO. _____ SECTION OR BLOCK NO. 12

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

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area 3 Acres

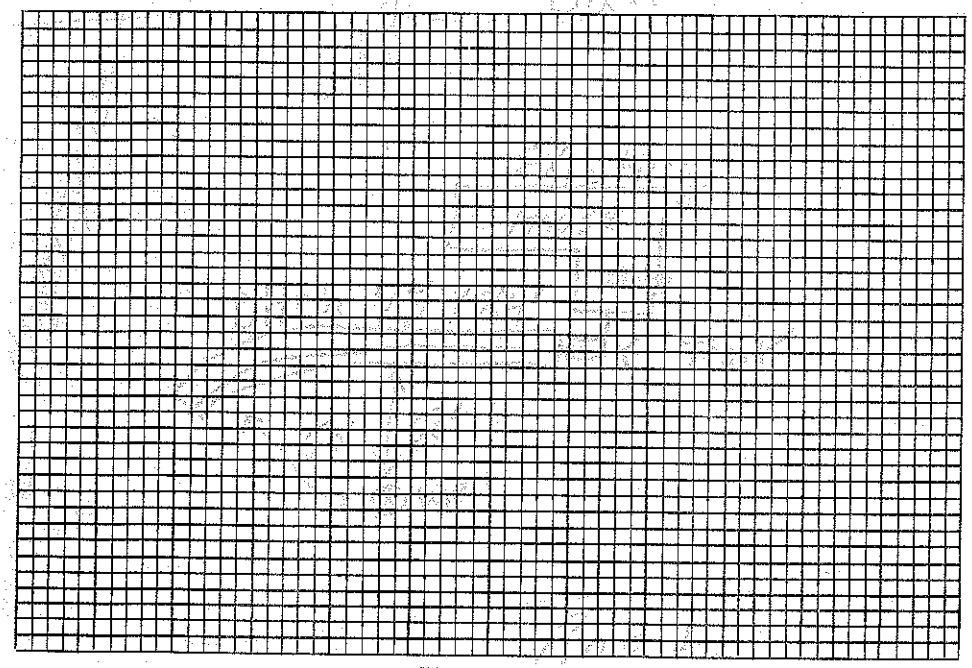
Character & Porosity of Soil sandy clay loam Fair

Percolation Rate 3 Soil Examined

Topography 3 to 5 %

Depth to Water Table 5 ft to 10 ft

Rock or other impervious formations Rock at 48" to 60" deep



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 225 Linear Ft. 225

Depth of Stone in Lines 18"

Water Supply: Individual ( )

Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY T. C. Mayo

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

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