IREDELL COUNTY HEALTH DEPARTMENT 4626 24 8414

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Edgar Knight DATE 5-9-86 PERMIT NO. 264

PHONE: Business _____ Home _____

LOCATION 1100 TP 1115 TL on Allen Kemp Rd TL on Second Rd (1446)

SUBDIVISION NAME Lake Norman LOT NO. 98 S. R. No. _____ SECTION OR BLOCK NO. 8

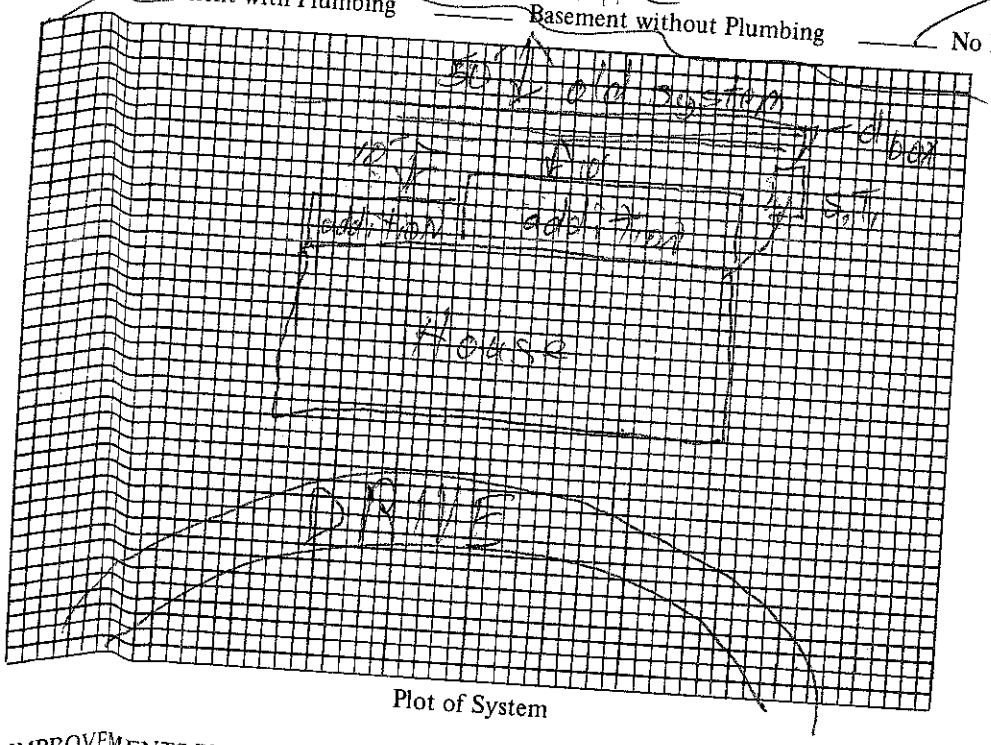
House ( ) Mobile Home ( ) Business ( ) Other addition

No. Bedrooms _____ No. Bathrooms _____

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

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

Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

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

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system working OK at date of inspection

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: Charles K. Barnett DATE 5-9-86

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