11:30

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 Jim Rickard DATE 2-21-86 PERMIT NO. 60

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1455 (Lake View Dr) pass 460 Lake on R

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. [redacted] SECTION OR BLOCK NO. 1610

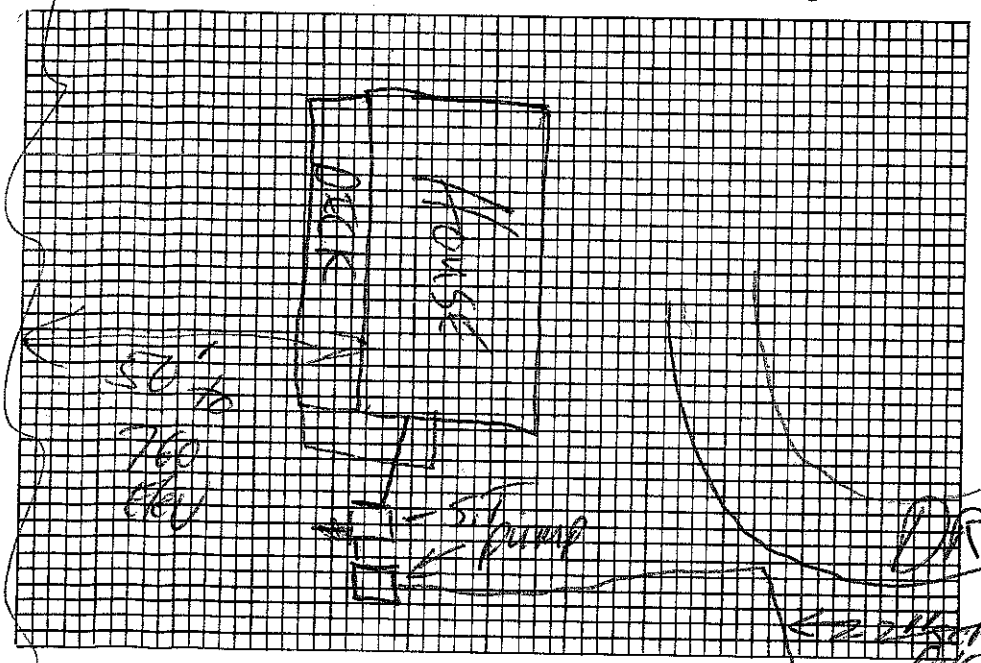
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay/loam/clay	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	25-60 min/in	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	Flat/Hilly	
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4 ft	
Lot Area X 20,000 FT2			Rock or other impervious formations	None obs	

1000 pump

(X) Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (X) Public ( )

Installed by 7 to Road 455

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

Signed: _____ Acting as Agent for Property

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep system shallow & follow contours; use good quality effluent pump; Tanks & lines checked 9-26-86 DBH Ster Bratcher

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