4626330241 II

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 Burl Talbert DATE 12-20-84 PERMIT NO. 466

PHONE: Business _____ Home _____

LOCATION 400 TR 1177 (Lockwood) TR Indian Trail (1238) 1 Mile on left

S. R. No. _____

SUBDIVISION NAME LAKE NORMAN LOT NO. 30 SECTION OR BLOCK NO. 7

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil		
Auto. Dishwasher	Yes ( )	No (X)	Percolation Rate		
Auto. Wash. Machine	Yes (X)	No ( )	Topography		
Site Suitable	Yes (X)	No ( )	Depth to Water Table		EXISTING
Lot Area EXISTING			Rock or other impervious formations		System

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:
No. of Lines EXISTING
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual (X)
Public ( )

4-16-76

Installed by Harlan Hackney

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

Signed: _____

System checked by John Houston 4-16-76

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: Existing System working OK at time of inspection System very deep

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Jack Clemmer DATE 12-20-84

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