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 W. H. Crane DATE 8-27-81 PERMIT NO. 268

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 at end TR near end on left S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 21 SECTION OR BLOCK NO. 7

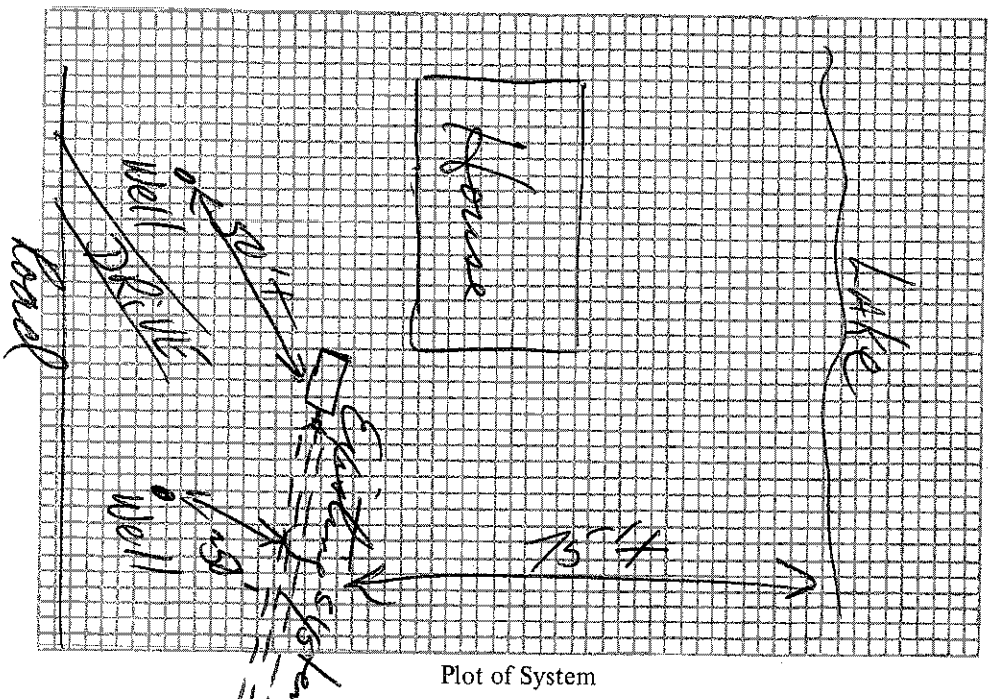
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

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

Lot Area 1.94 AC

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Lineal 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 time of inspection. Use pump for basement level to septic tank.

CERTIFICATE OF COMPLETION BY _____ DATE _____
EXISTING SYSTEM CHECKED BY: David Hinson DATE 8-27-81

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