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 Hensman Parks DATE 5-12-00 PERMIT NO. _____

PHONE: Business 873-5015 Home _____

LOCATION 1140 TR on W/S 1st Road to left
See Mailbox at Fork 1/2 mi. on left S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 45 SECTION OR BLOCK NO. 5

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

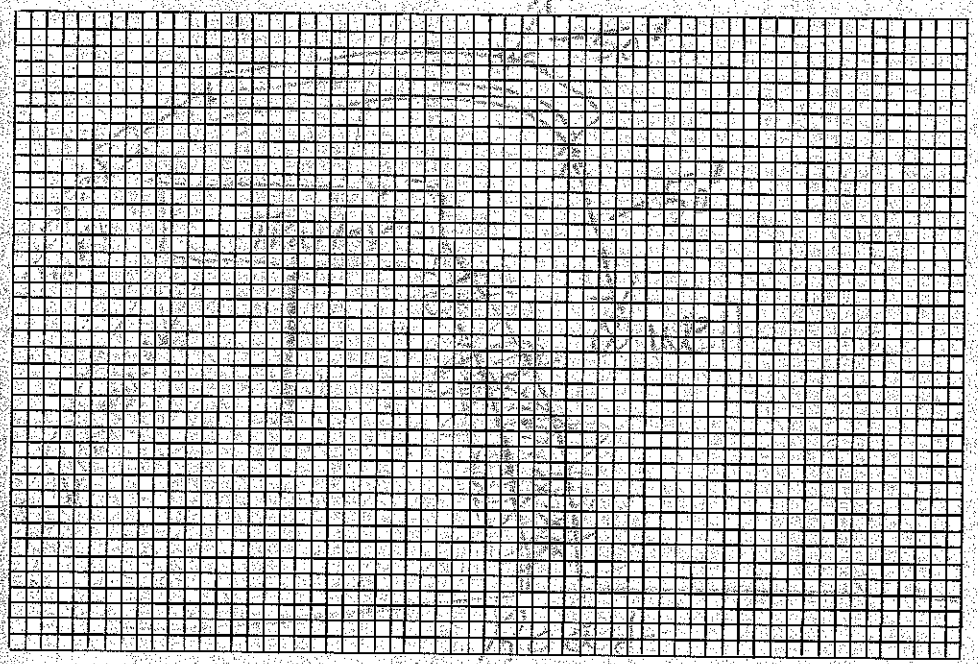
No. Bedrooms 2 No. Bathrooms 1½

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 Clay & sandy Porosity Fair to Poor
Percolation Rate Not Taken
Topography 2-25% slope
Depth to Water Table 6' +
Rock or other impervious formations Some Rock Weathered Rock Texture is Clay

Lake



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 225 Linear Ft. 300
Depth of Stone in Lines 24"
Water Supply: Individual (✓)
Public ( )

Installed by E. T. Parks

IMPROVEMENTS PERMIT BY John Houston

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