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 Janis D. Finchannon DATE 4-10-85 PERMIT NO. 132

PHONE: Business _____ Home _____

LOCATION 1100 TR on South Fork BL on fork about ½ mile on name on mail box S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 8 SECTION OR BLOCK NO. 8

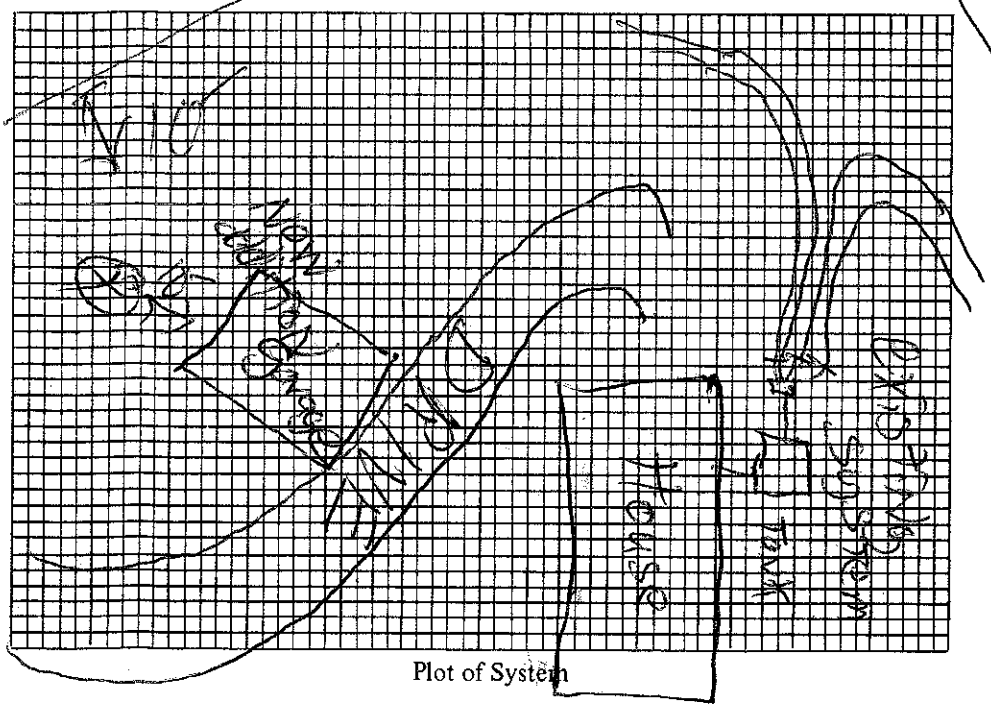
House (X) Mobile Home ( ) Business ( ) Other addition of garage

No. Bedrooms EXISTING No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Percolation Rate	EXISTING
Auto. Dishwasher	Yes ( )	No ( )	Topography	
Auto. Wash. Machine	Yes ( )	No ( )	Depth to Water Table	
Site Suitable	Yes ( )	No ( )	Rock or other impervious formations	

Lot Area EXISTING Character & Porosity of Soil _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field: EXISTING
No. of Lines _____
Sq. Ft. E Linear Ft. _____
Depth of Stone in Lines EXISTING
Water Supply: Individual (X)
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 OKat date of inspection adding garage

CERTIFICATE OF COMPLETION BY _____ DATE 4-9-85

EXISTING SYSTEM CHECKED BY: Charles L. Barnett DATE 4-10-85

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