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 [illegible] DATE 6-10-15 PERMIT NO. 35

PHONE: Business _____ Home _____

LOCATION [illegible]

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 23 SECTION OR BLOCK NO. E

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

No. Bedrooms 3 No. Bathrooms 2 1/2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area [illegible]

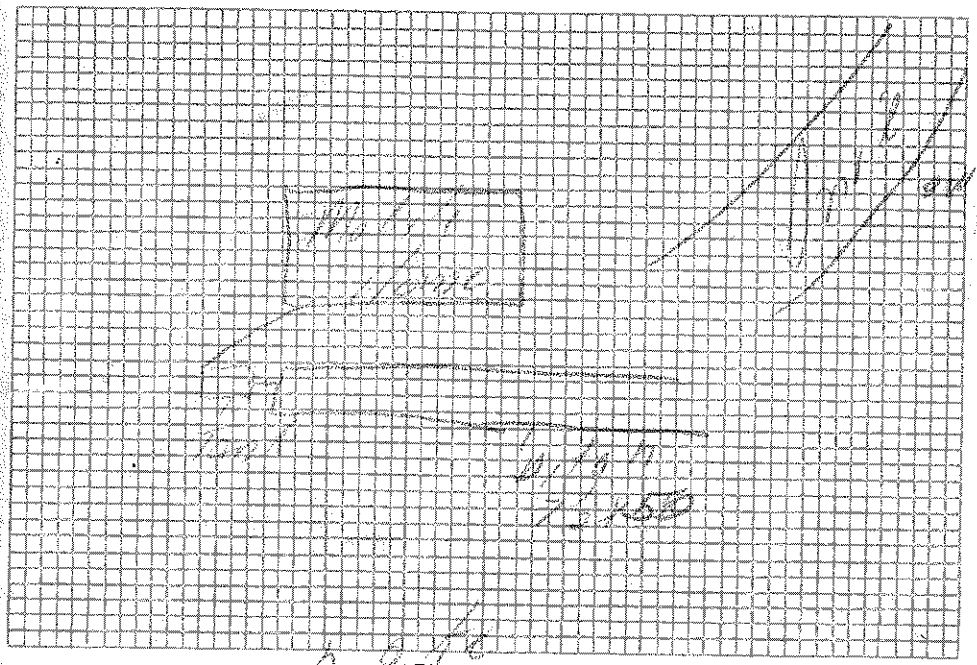
Character & Porosity of Soil Sandy Loam

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 225 Linear Ft. 100

Depth of Stone in Lines 15"

Water Supply: Individual (✓)

Public ( )

Installed by E. L. Corn

IMPROVEMENTS PERMIT BY _____

COMMENTS: Septic system must be set at least [illegible]

CERTIFICATE OF COMPLETION BY [illegible] DATE 6-10-15

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