IREDELL COUNTY HEALTH DEPARTMENT 4626 54 2379

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Jimmy Makar DATE 8-15-84 PERMIT NO. 277

PHONE: Business ______ Home ______

LOCATION 1100 TR 1222 (South Fork) BR 1257 (Agnew Road) ½ mile on left S. R. No. ______

SUBDIVISION NAME Lake Norman LOT NO. 25 (24) SECTION OR BLOCK NO. 8

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes ( ) No (X)

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes ( ) No DRAW

Lot Area ______

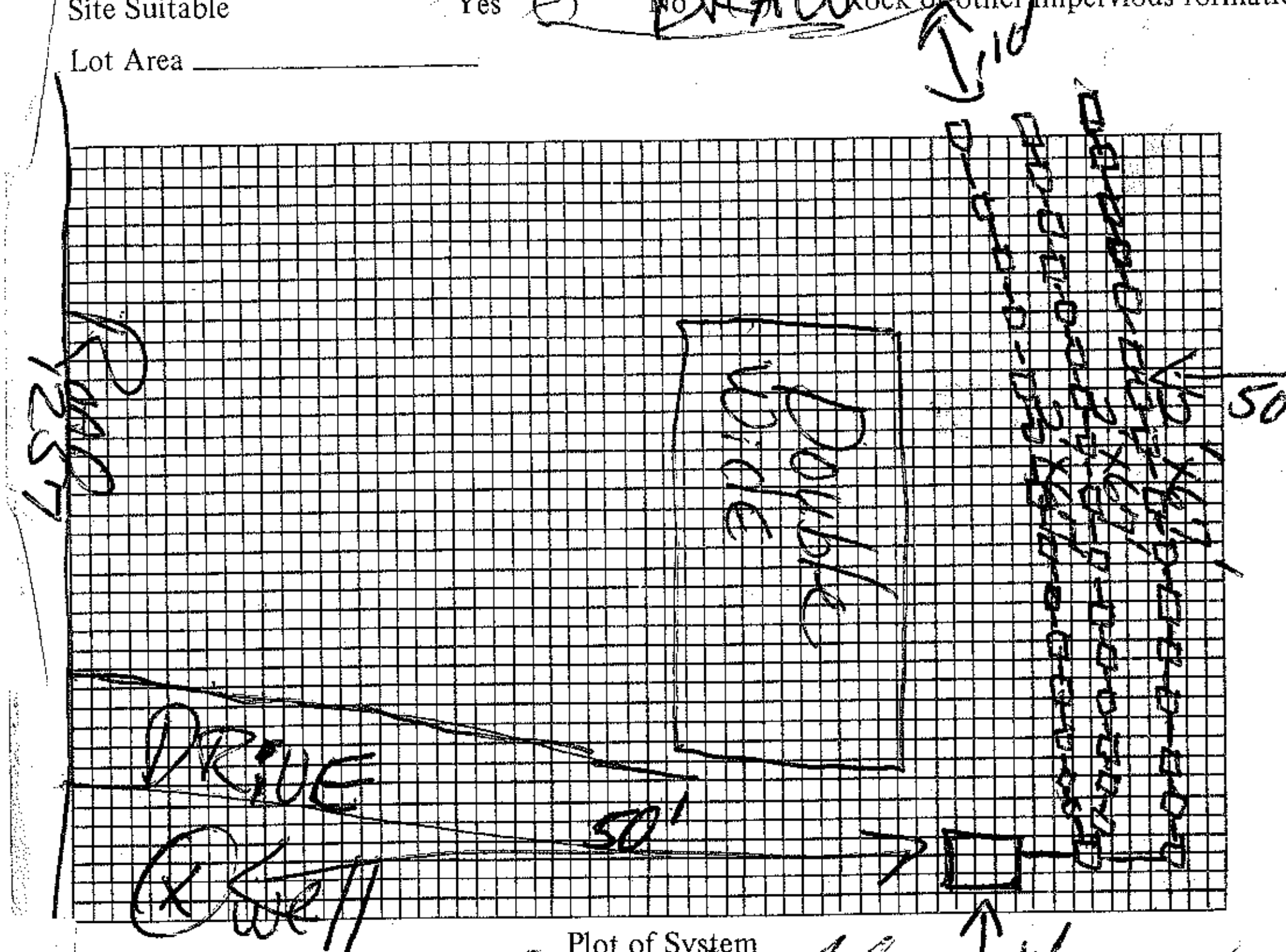
Character & Porosity of Soil tight clay weathered parent mat.

Percolation Rate 0.2 gal/ft²/day

Topography 6-10%

Depth to Water Table ______

Rock or other impervious formations NONE obs.



Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 200 LFT Linear Ft. 24"

Depth of Stone in Lines panels

Water Supply: Individual (X) Public ( )

Installed By ______

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

Signed: ______

Plot of System

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: ______

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 8-15

EXISTING SYSTEM CHECKED BY: ______ DATE ______

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