2PM

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 Jimmy MAKAR DATE 7-17-84 PERMIT NO. 194

PHONE: Business _____ Home _____

LOCATION 1100 SR 1222 (South Fork) BR 1257 (Agnew Road) ½ mile on Rt 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 DRAIN Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area _____

Character & Porosity of Soil light Sandy Weathered Parent-Material

Percolation Rate 0.25 AL/ft/day

Topography 6 – 10%

Depth to Water Table _____

Rock or other impervious formations NONE OBS

USE under 12" sand panels

Size of Tank 1500 Gals.

Nitrification Field:

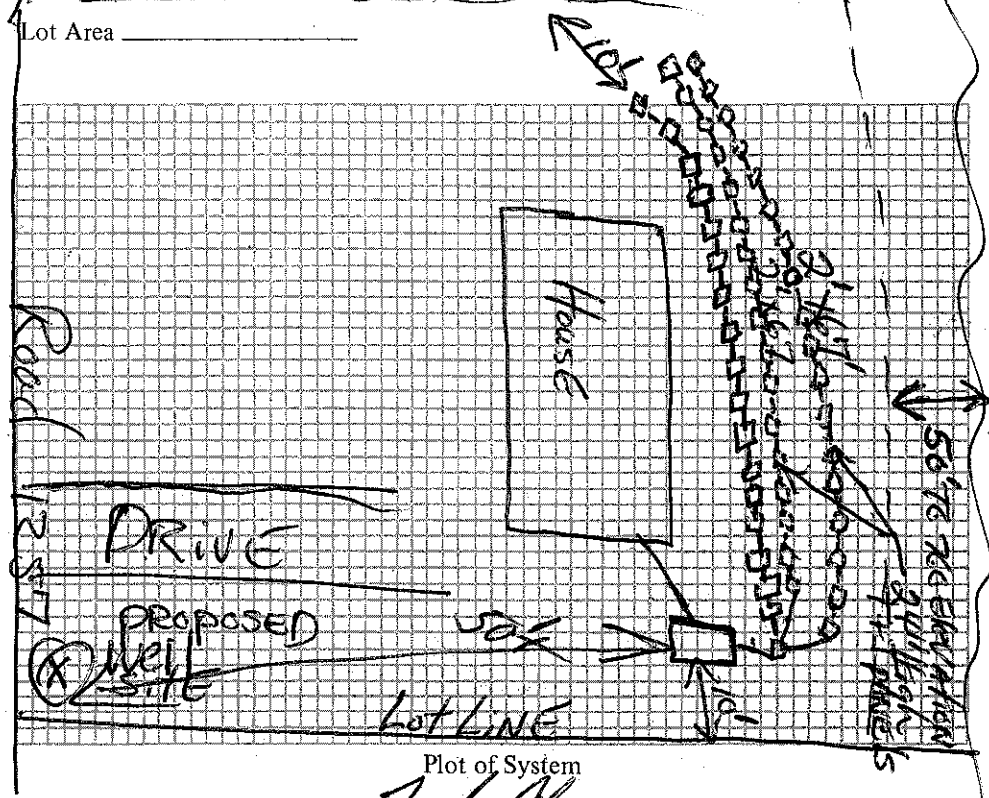
No. of ~~Lines~~ 3 T-T Panels

~~Sq. Ft.~~ 200 LF 24" Linear Ft. 200

~~Depth of Stone in Lines~~

Water Supply: Individual (X)

Public ( )



Plot of System

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep panels shallow, follow contours of hillside lines, SAVE ROOM FOR 100% REPAIR AREA FOR PANELS, Keep PANELS Shallow About 6" COVER MAX – Don't DRIVE OVER PANELS

CERTIFICATE OF COMPLETION BY _____ DATE _____

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