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 Jack Taylor DATE 8-26-76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR on 1222 TR on 1257 ½ mi on left S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 39 SECTION OR BLOCK NO. 8

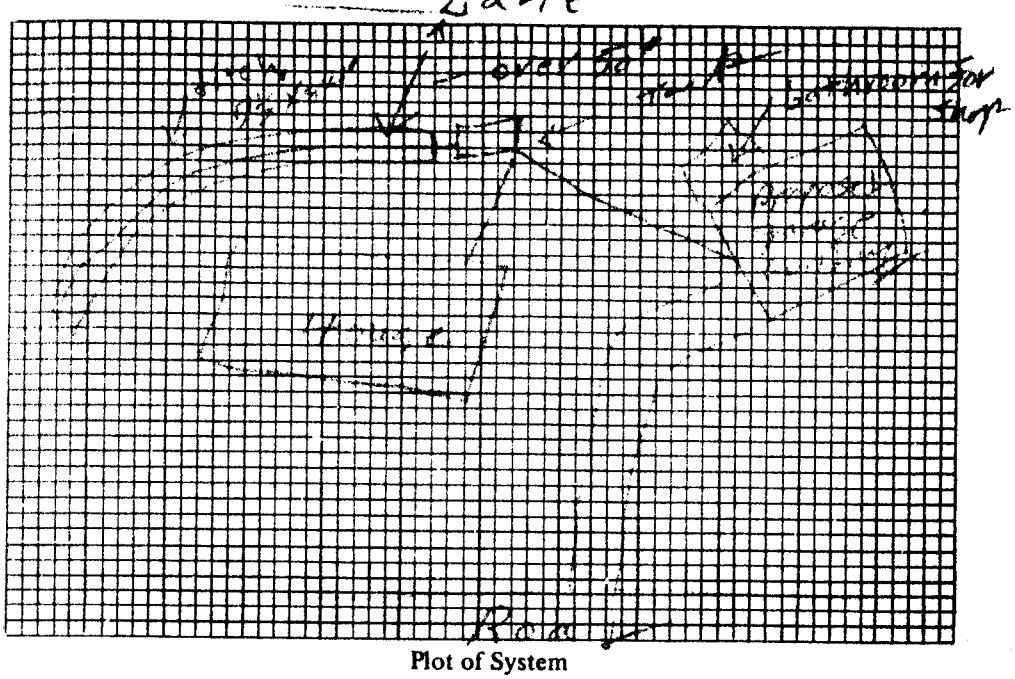
House ( ) Mobile Home ( ) Business ( ) Other Existing house adding garage

No. Bedrooms _____ No. Bathrooms 1

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

Lot Area ¾ Acre

Character & Porosity of Soil _____
Percolation Rate _____
Topography Existing
Depth to Water Table _____
Rock or other impervious formations _____
System



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by F. J. Ervin

IMPROVEMENTS PERMIT BY _____

COMMENTS: Washing machine will be moved from house to utility room off garage also bathroom will be added. System is adequate for addition.

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 8-21-77

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