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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 Lake Norman Vol. Fire Dept. DATE May 14, '91 PERMIT NO. 2K-5-A-20

PHONE: Business ________ Home ________

LOCATION 1100 on Right immediately past Trading Post

S.R. No. ________

SUBDIVISION NAME ________ LOT NO. ________ SECTION OR BLOCK NO. ________

House ( ) Mobile Home ( ) Business ( ) Other Storage room addition no increase in daily flow rate

No. Bedrooms Ex. — No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes ( ) No (✓)

Site Suitable Yes ( ) No ( )

Character & Porosity of Soil ________

Percolation Rate ________

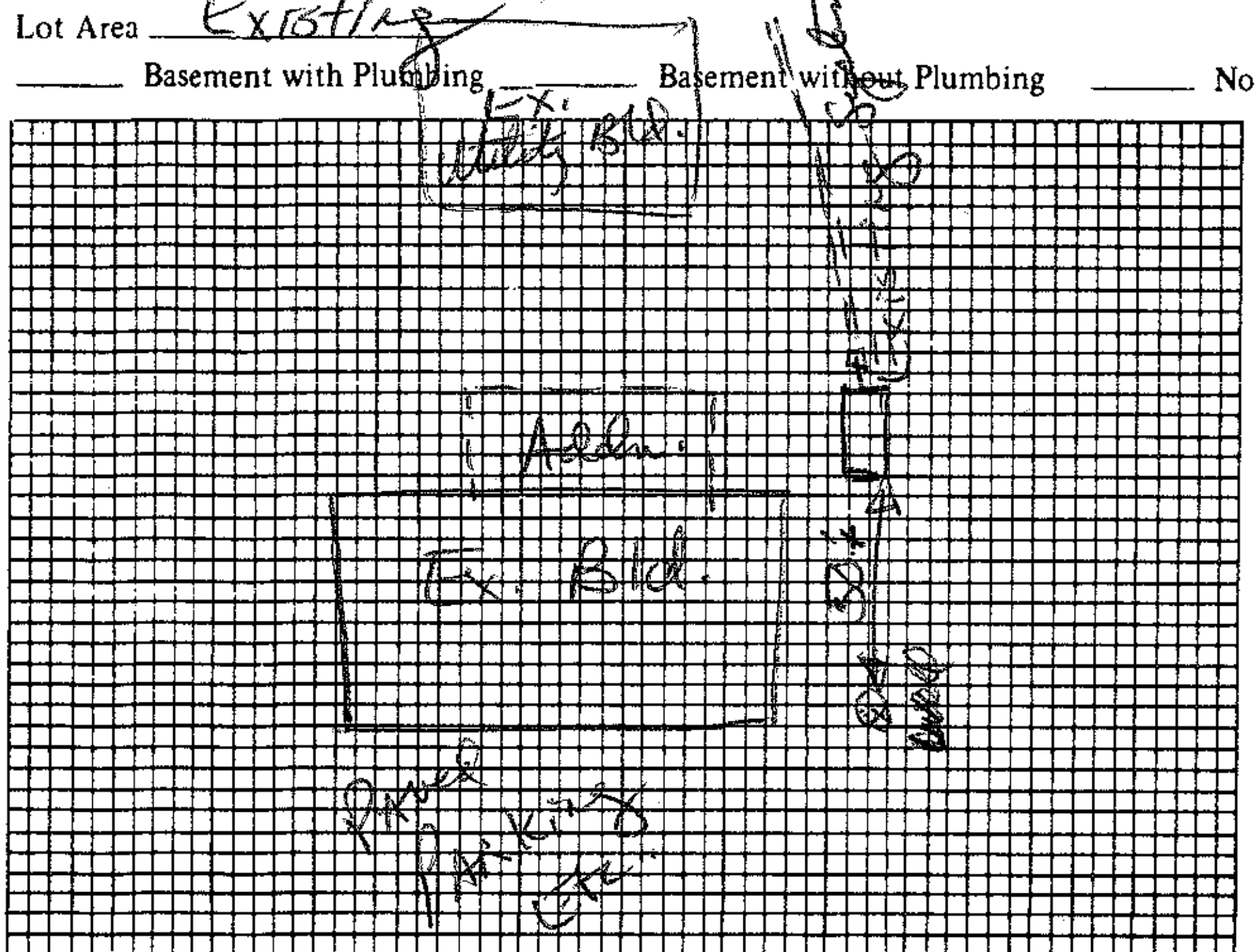
Topography ________

Depth to Water Table ________

Rock or other impervious formations ________

Lot Area Existing

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Size of Tank Existing Gals.

Nitrification Field:

No. of Lines Existing

Sq. Ft. ________ Linear Ft. ________

Depth of Stone in Lines ________

Water Supply: Individual (✓) Public ( )

Installed by ________

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

Signed: ________

Plot of System SR 1100

IMPROVEMENTS PERMIT BY ________

COMMENTS: Existing system showing no sign of malfunction at time of inspection. Tank pos. and part of drainfield had to be located by backhoe (3'+ deep). Recommend not driving over drainfield

CERTIFICATE OF COMPLETION BY ________ DATE ________

EXISTING SYSTEM CHECKED BY: David [illegible] RS, EHC DATE May 14, '91

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