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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 William Arrow DATE 7-16-84 PERMIT NO. 227

PHONE: Business _____ Home _____

LOCATION 1100 Blk of NC Hwy 115 & Hwy 1444 TL Broken Path

S. R. No. _____

SUBDIVISION NAME LAKE NORMAN LOT NO. 13 SECTION OR BLOCK NO. 9

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	
Auto. Dishwasher	Yes (X)	No ( )	
Auto. Wash. Machine	Yes (X)	No ( )	
Site Suitable	Yes (X)	No ( )	
Lot Area EXISTING LOT SIZE			

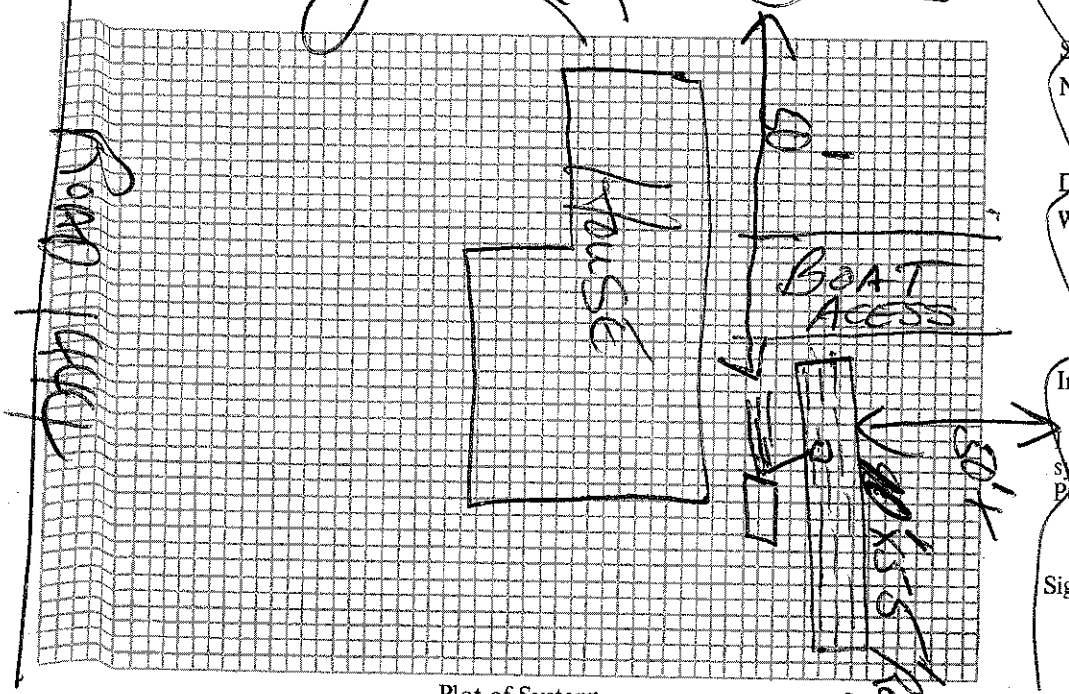
Character & Porosity of Soil _____

Percolation Rate _____

Topography EXISTING

Depth to Water Table System

Rock or other Impervious formations _____



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 550 Linear Ft. 184
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by J. Ervin Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 7-16-84

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