1,400

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 Snow DATE 4/12/84 PERMIT NO. 75

PHONE: Business _____ Home _____

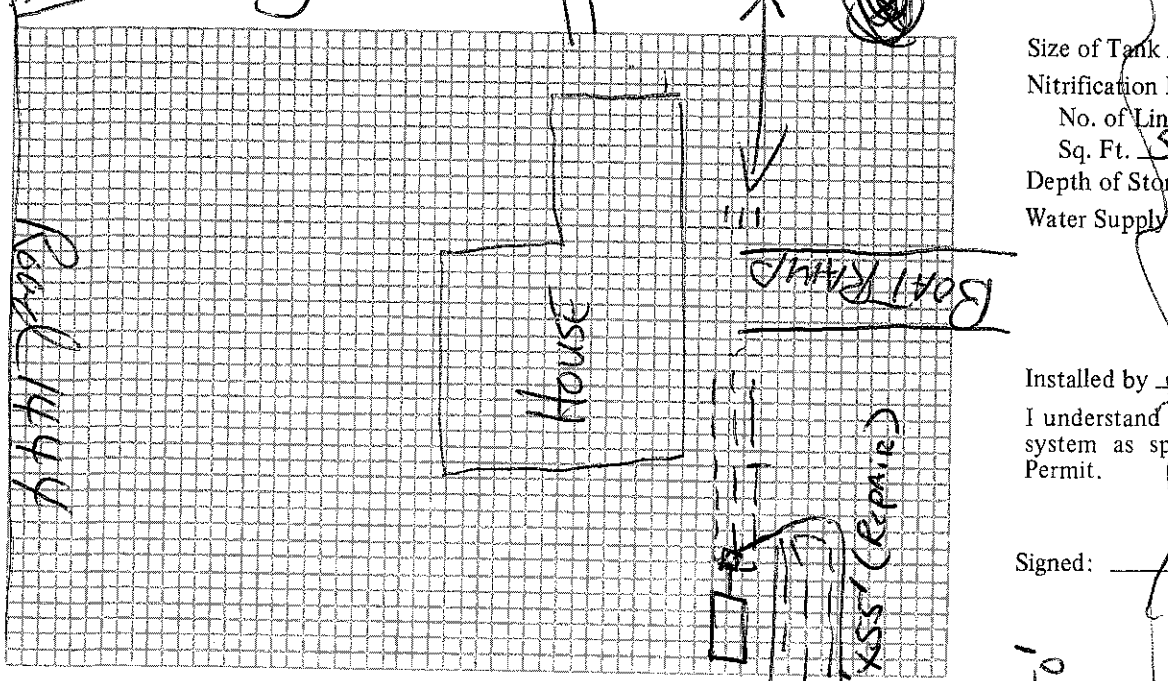
LOCATION 1100 TR 1178 TL 1444 Rec TL Beaton Path NEAR END ONR S. R. No. _____

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)	Character & Porosity of Soil	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	Existing
Auto. Wash. Machine	Yes (X)	No ( )	Topography	System
Site Suitable	Yes (X)	No ( )	Depth to Water Table	
Lot Area Existing			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 _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clinard

COMMENTS: Check TANK for A/T, pump if needed from well AND backfill Cut off old line at 50 ft with clean clay

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