**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 Coy Donald DATE 7-25-77 PERMIT NO. _____

PHONE: Business _____ Home _____

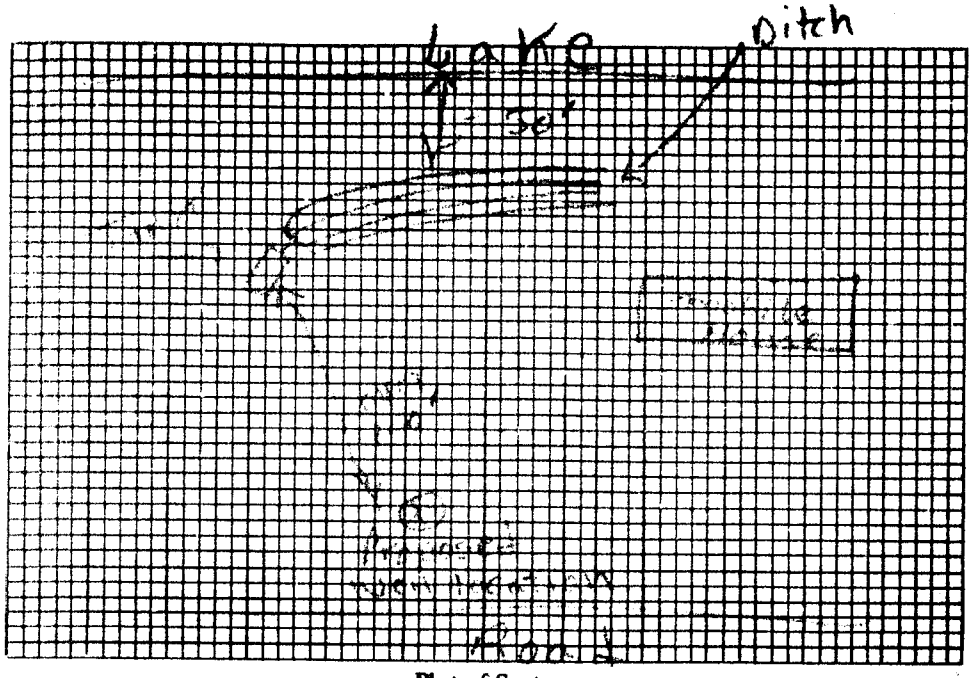
LOCATION 1100 TR on 1115 1mi TR on 1455 1mi on right S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 299 SECTION OR BLOCK NO. 8

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 3/4 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 1250 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 520 Linear Ft. 232
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by F. J. Ervin
10-12-73

IMPROVEMENTS PERMIT BY _____

COMMENTS: System is adequate for above size mobile Home

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 7-25-77

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