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 Glen D. Owen DATE 9-10-84 PERMIT NO. 241

PHONE: Business _____ Home _____

LOCATION 400 R. 1445 TR. 1455 ½ mile ONR (Below Abbott Road)

SUBDIVISION NAME LAKE NORMAN LOT NO. 347 SECTION OR BLOCK NO. 8 S. R. No. _____

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

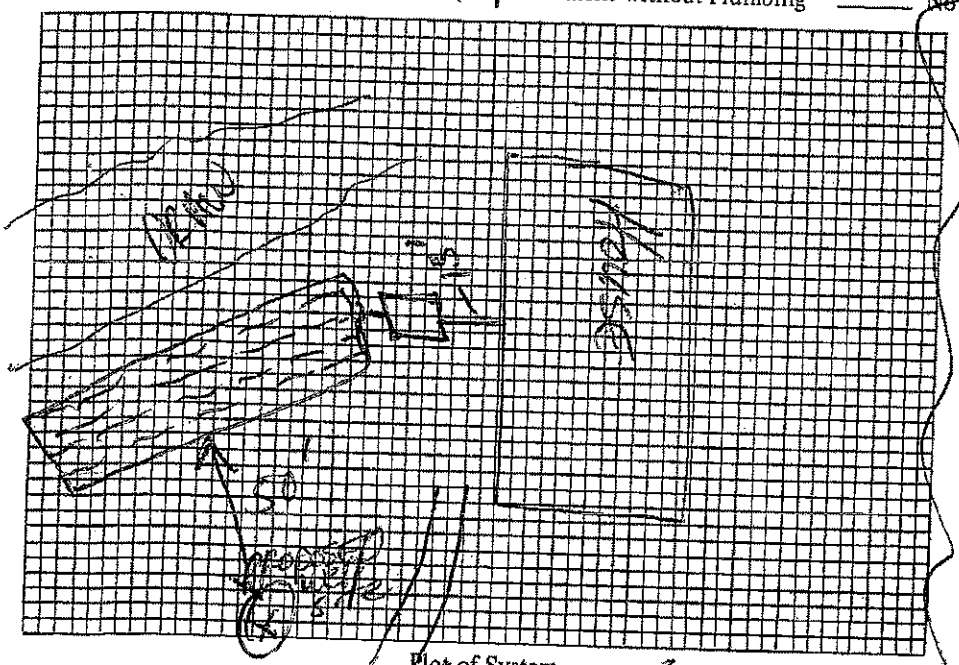
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area ~ 3/4 ACRE

Character & Porosity of Soil Clay loam
Percolation Rate 0.5 60 MPI
Topography Rolling
Depth to Water Table 24
Rock or other impervious formations None obs.

_____ Basement with Plumbing X Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1050 Linear Ft. 360
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: X Steve Brooks

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep System Shallow Apart 1.5' cover over drain field

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