IREDELL COUNTY HEALTH DEPARTMENT 4627213772

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR James E. Elam DATE 8-25-81 PERMIT NO. 261

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1455 about ¼ - ⅓ Mile on R

_____ S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 313 SECTION OR BLOCK NO. 8

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

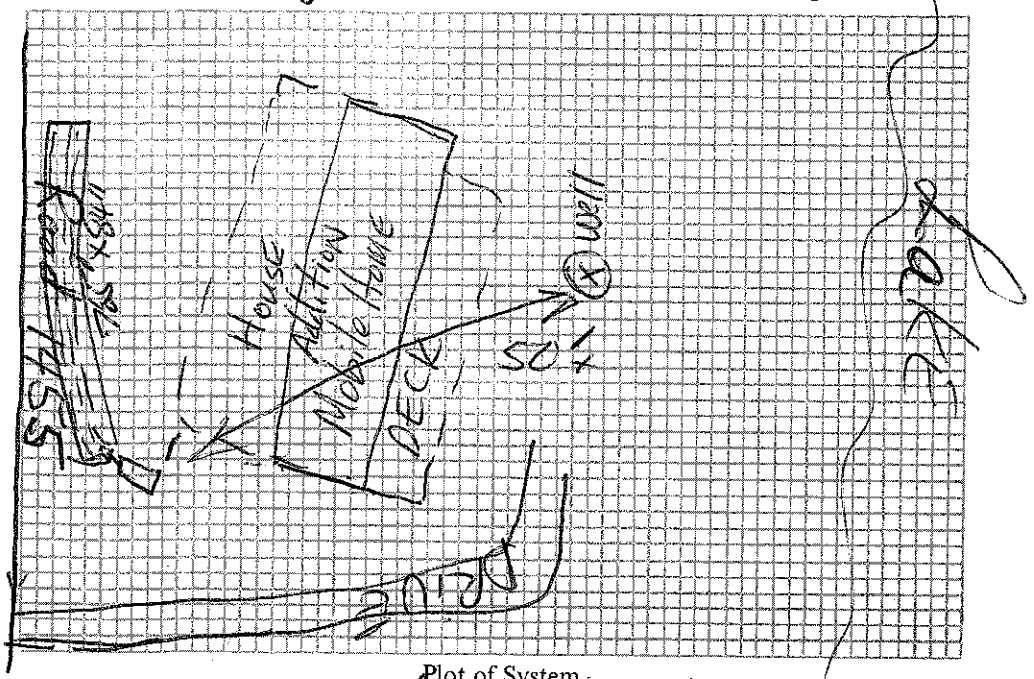
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Existing System
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area Existing

X Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank Existing 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"

Water Supply: Individual (X)
Public ( )

Installed by 2-13-75 F. J. Ewin Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: System working OK at date of inspection – Divert surface (road) water across system. Must install up-flush toilet to get fall into septic tank.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: FAC DATE 8-25-81

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