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 A. W. Clowinger DATE 9-8-80 PERMIT NO. 281

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1455 TR 1456 4th house on left

S. R. No. _____

SUBDIVISION NAME LAKE NORMAN LOT NO. 318 SECTION OR BLOCK NO. 8

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

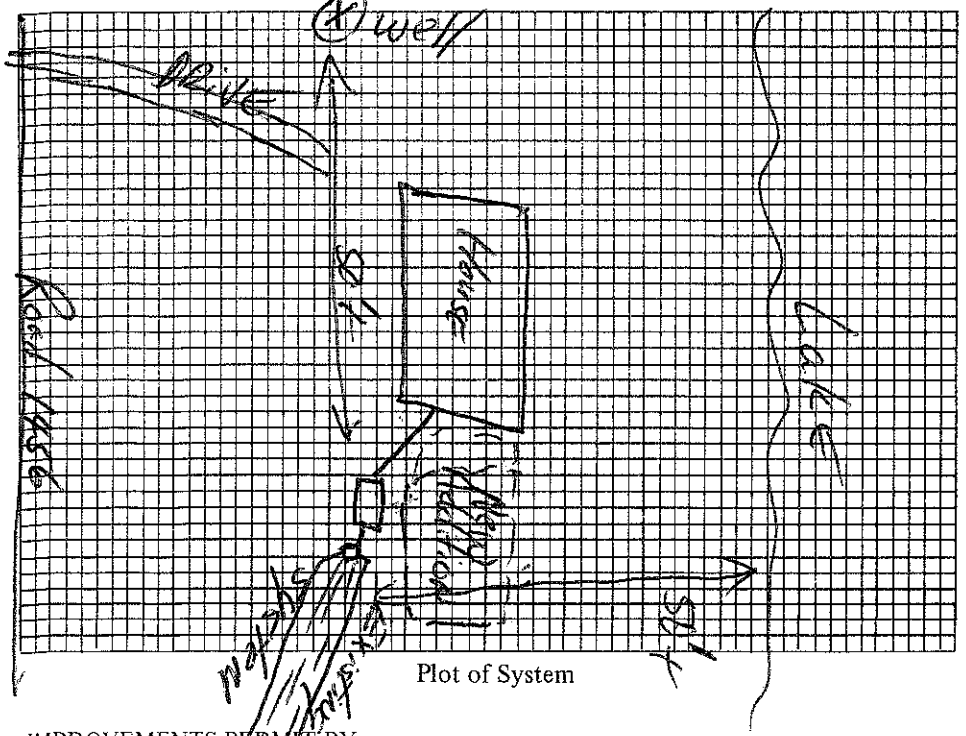
No. Bedrooms 3 No. Bathrooms 2

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
Percolation Rate _____
Topography System
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area .72 ACRE

_____ Basement with Plumbing ___X___ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
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 _____

COMMENTS: Existing system installed 5-27-71 - checked by Glenn Fox - Existing system working OK at date of inspection

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 9-8-80

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