# 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 Bill Gullet DATE 5-13-85 PERMIT NO. 261

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1457 (High Circle) 1/4 mile on R

SUBDIVISION NAME LAKE NORMAN LOT NO. 1593 SECTION OR BLOCK NO. _____ S. R. No. _____

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

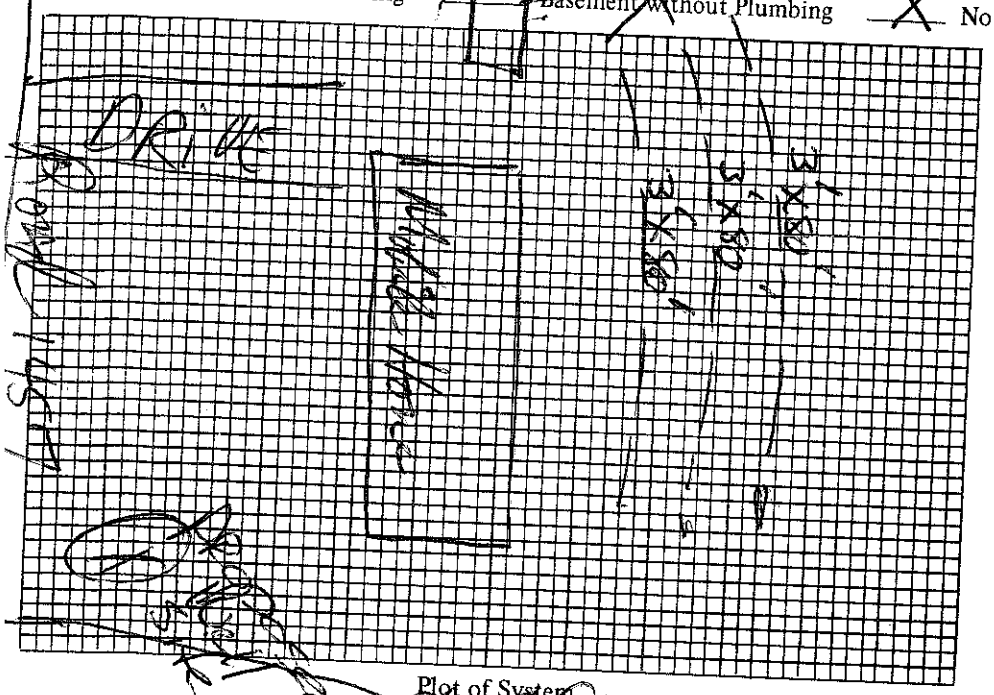
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000 Sq Ft

Character & Porosity of Soil Clay
Percolation Rate 0.5 gal/sq ft/day
Topography 2-10% Slope
Depth to Water Table 4 ft +
Rock or other impervious formations None obs.

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement




Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by J. R. Bowles

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

Signed _____

IMPROVEMENTS PERMIT BY [illegible] C K Barnett

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Jack Clemmer

EXISTING SYSTEM CHECKED BY: _____ DATE 5-13-85

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

DATE _____

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