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 Charles Setser DATE 1-5-82 PERMIT NO. 2

PHONE: Business _____ Home _____

LOCATION 1400 TR 1115 TR 1457 Abt 0.5 mi on R,

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 397 SECTION OR BLOCK NO. 8

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

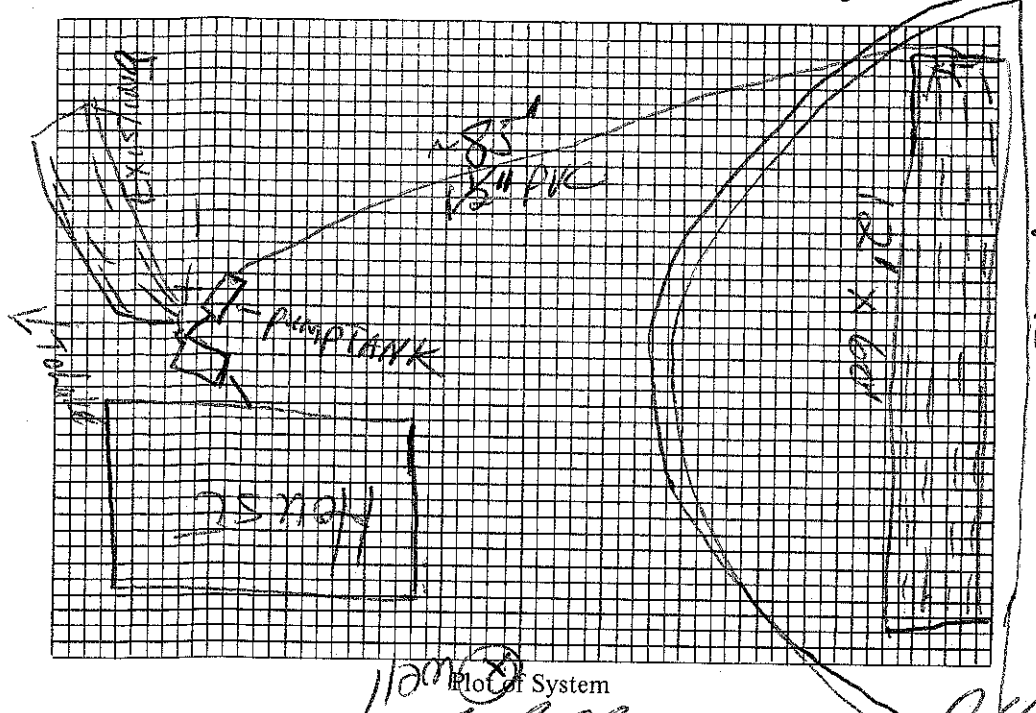
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area Existing

X Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 16"
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 Fred Clemmer + David Henson

COMMENTS: Keep system shallow; use good quality pump

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