4627507051

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 Edward Hooper DATE 11-9-81 PERMIT NO. 342

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1215 bear left at forks
12 private Rd., 1st lot on left S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 424 SECTION OR BLOCK NO. 8

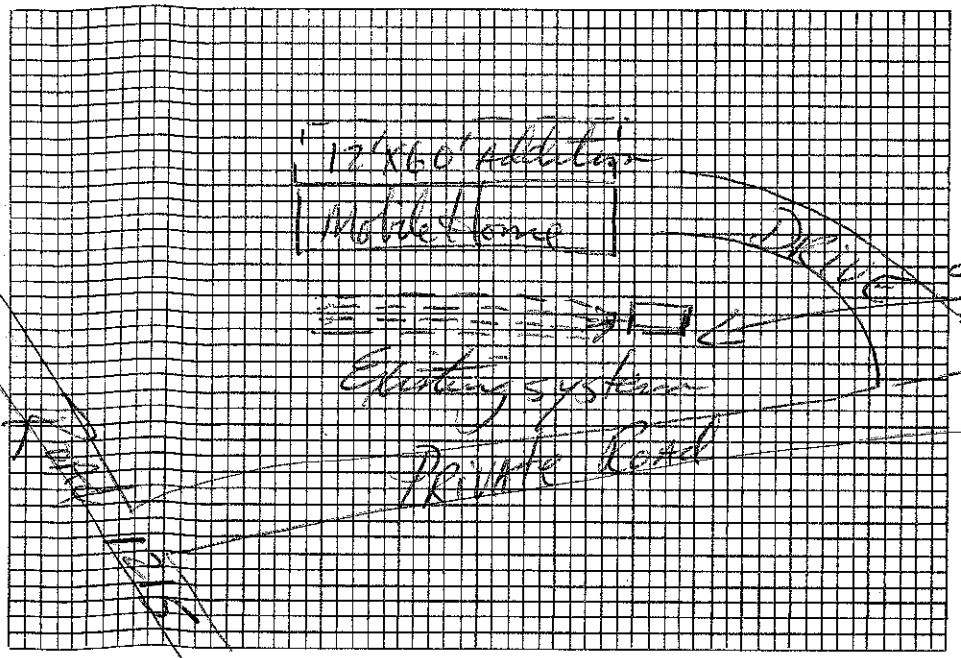
House ( ) Mobile Home (✓) Business ( ) Other 12'X60' Addition w/addition

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate
Auto. Wash. Machine	Yes ( )	No (✓)	Topography
Site Suitable	Yes (✓)	No ( )	Depth to Water Table
			Rock or other impervious formations

Lot Area Existing

_____ Basement with Plumbing _____ 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 ( )
Public ( )

DW 4" Well

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system working OK at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: David Spencer DATE 11-9-81

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