4627-50-7211

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 Gibson L. Smith DATE 3-6-84 PERMIT NO. 42

PHONE: Business _____ Home _____

LOCATION 1160 TL 1115 TR 1215 bear left at forks .3 mile TL Rhonehill Drive Lot on left » Grasshopper Circle S. R. No. _____

SUBDIVISION NAME Lake Norman (CLdT) LOT NO. 425 SECTION OR BLOCK NO. 8

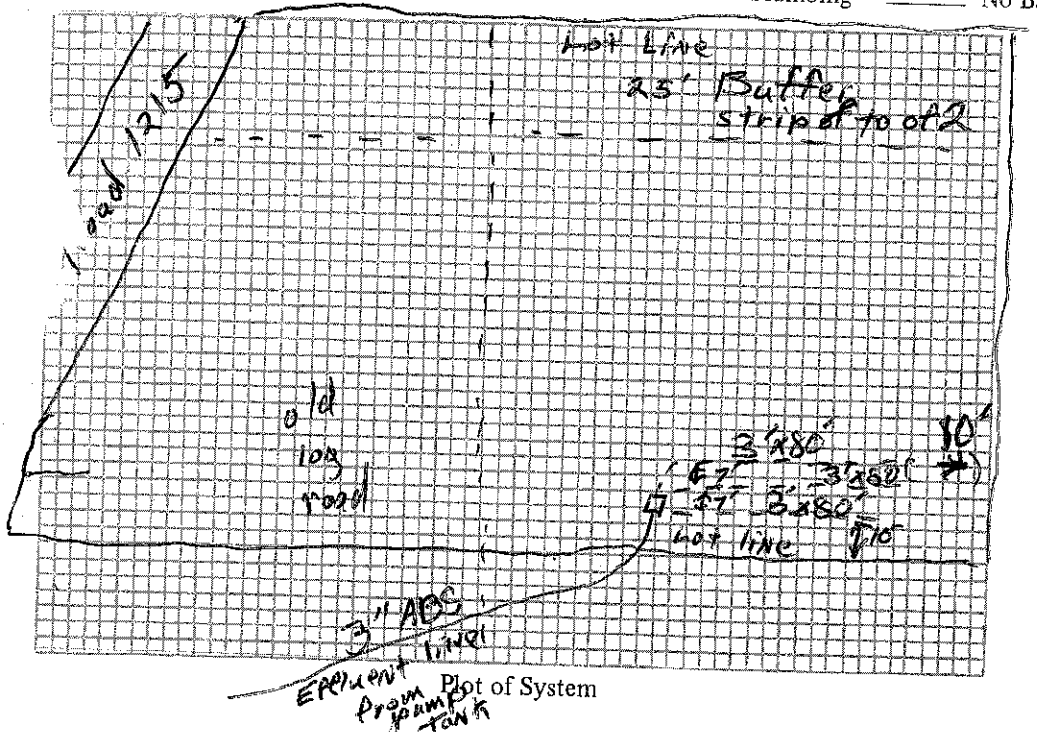
House (X) Mobile Home ( ) Business ( ) Other _____ Drainfield area 1

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	clay loam
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	.5 gal/ft2/day
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2-6%
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4' +
			Rock or other impervious formations	None observed

Lot Area .70 Acre Lot 425 Drain field area 1 (0.25 acres)

X Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

pump tank
Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 240
Depth of Stone in Lines 12"
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: rain out several times before job was completed

CERTIFICATE OF COMPLETION BY Charles K. Barnett DATE 3-6-84

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