IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

→ Robert C. Sink

OWNER OR CONTRACTOR Sadler Industries Inc. DATE 4-17-86 PERMIT NO. 177

PHONE: Business _____ Home _____

LOCATION 1100 TR on 1115 TR on Grasshopper Ln. at Fork TL approx 1/4 mi TL on Rhinehill Dr. at end S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 426 SECTION OR BLOCK NO. 8

Sewer Easement crescent L+T Lot 2 on [redacted] Grasshopper Rd

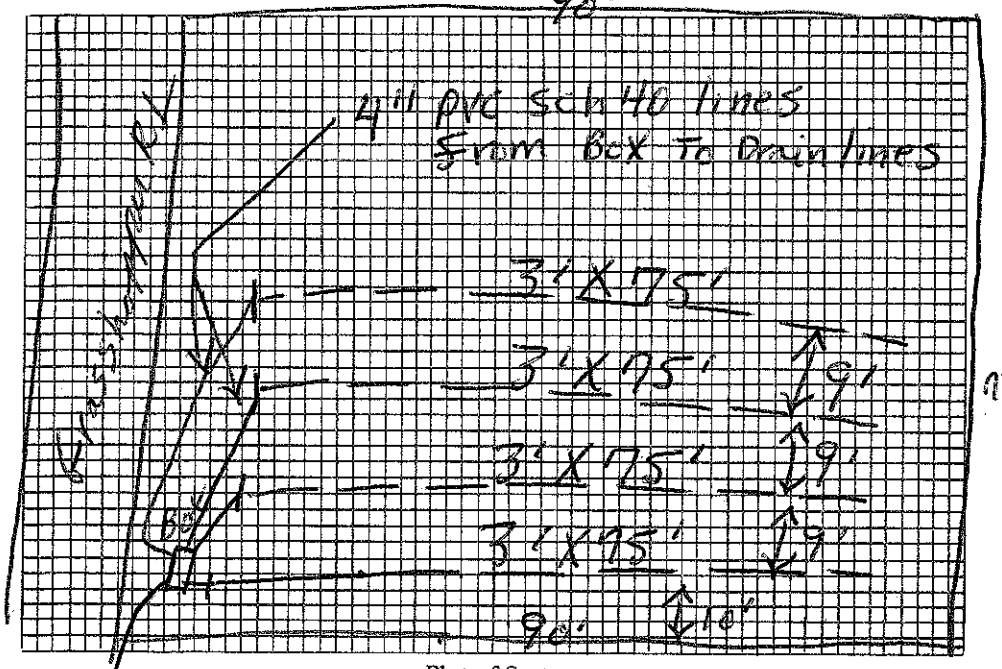
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clayey	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	4	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 to 6 %	
Site Suitable	Yes ( )	No ( )	Depth to Water Table	10'+	
			Rock or other impervious formations	none	

Lot Area 1/2 acre for lot + .23 acre for sewer Easement

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 S.T. 1000 P.T. Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Locate well 50' from S.T. or Pump Tank

Installed by _____

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

Signed: Sadler Industries, Inc. X By Wilson M. Sadler

use 3/4 hp Esh. Pump.

IMPROVEMENTS PERMIT BY P. C. Moore

COMMENTS: Using / detach Sewer Easement on crescent L+T. Property on lot Place S.T. + P.T. - use a water tight sealed P.T. Pump approx 200 gals / Pumping - Pump approx 30 gal/min rate / use Two circuits for wiring, one for Pump one For Alarm Set water proof box

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Outside P.T. for connections. 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