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 C. Perms Cutchin Inc DATE 6/26/89 PERMIT NO. 240

PHONE: Business _____ Home _____

LOCATION 150W, Lf on 1211, Near End on Rt

S. R. No. _____

SUBDIVISION NAME Lake Norman Section 10 LOT NO. 199 SECTION OR BLOCK NO. 10

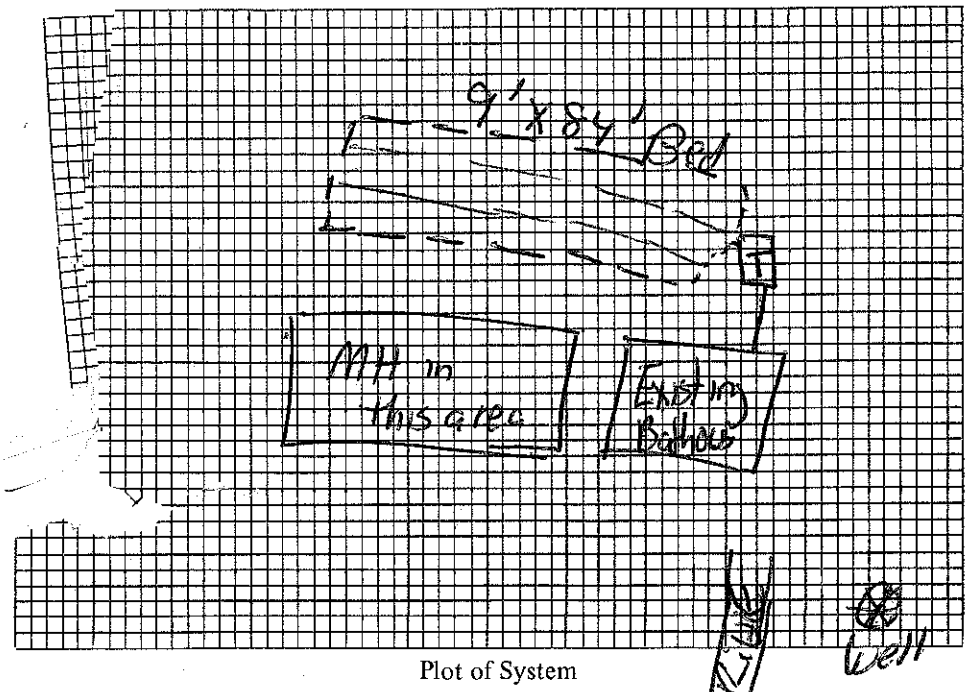
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes	( )	No	(✓)
Auto. Dishwasher	Yes	(✓)	No	( )
Auto. Wa. Machine	Yes	(✓)	No	( )
Site Suitable	Yes	( )	No	( )

Lot Area ~ 3/4 Acre

Character & Porosity of Soil _____
Percolation Rate _____
Topography Existing System
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. Existing Linear Ft.
Depth of Stone in Lines _____
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: MH Should not be placed over ~~existing~~ septic drain line

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Gary N Shook R.S. DATE 6/

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATION

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