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 Ed Halcomb DATE 7-28-95 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 West TL 1211 Just before ent on right S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 200 SECTION OR BLOCK NO. 10

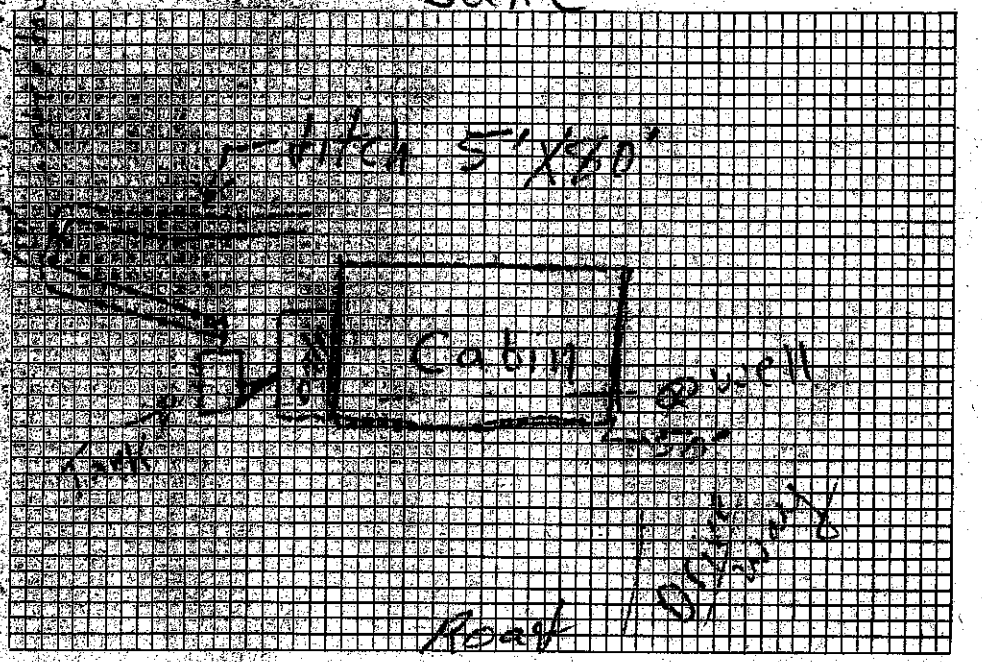
House ( ) Mobile Home ( ) Business ( ) Other EXISTING House Adding bath

No. Bedrooms 2 No. Bathrooms 1

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

Character & Porosity of Soil Sandy Clay Porosity
Percolation Rate Not taken
Topography 2 to 5% Slope
Depth to Water Table 10'+
Rock or other impervious formations Some Subsurface rock

Lot Area ½ acre



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 400 Linear Ft. 160
Depth of Stone in Lines 20"
Water Supply: Individual (✓)
Public ( )
Existing well

Installed by _____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold