4627-68-7104

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 L. W. Pison DATE 8-27-85 PERMIT NO. 367

PHONE: Business _____ Home _____

LOCATION 150 W TL on Paradise Penn. Rd BR at fork ~ 1/2 mile on left blue-gray house with white Roof S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 189 SECTION OR BLOCK NO. 10

House (X) Mobile Home ( ) Business ( ) Other repair 6'x 15' bed

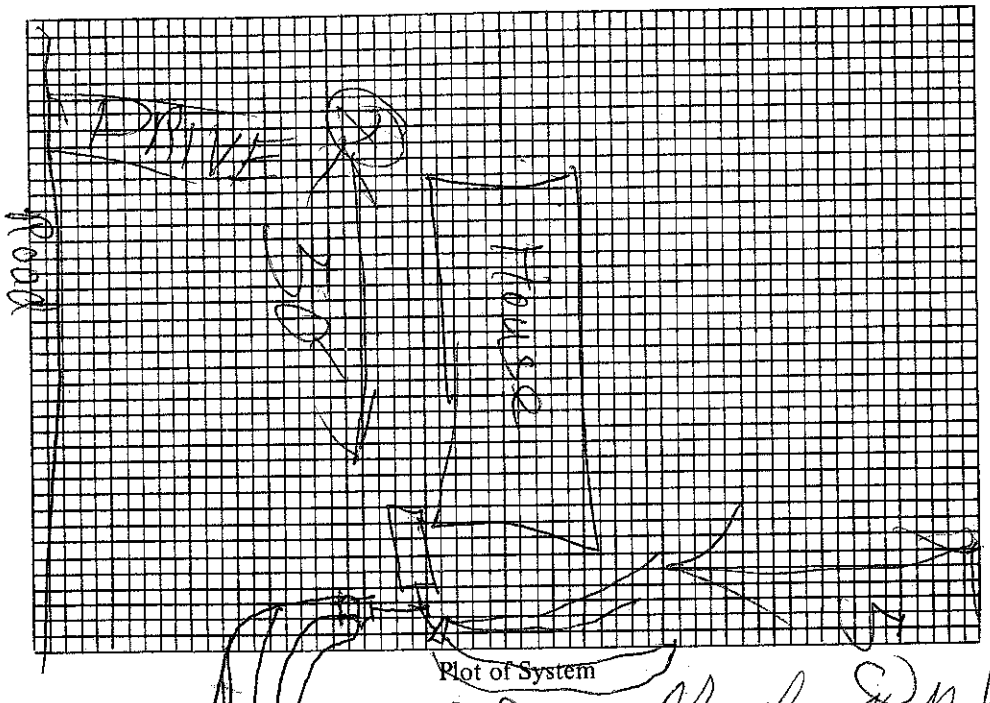
No. Bedrooms _____ No. Bathrooms _____

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

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

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 450 Linear Ft. 130
Depth of Stone in Lines 12
Water Supply: Individual (X)
Public ( )

Installed by Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY Charles R. Bennett

COMMENTS: property Line

CERTIFICATE OF COMPLETION BY Charles R. Bennett DATE 8-27-85

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