0404

IREDELL COUNTY HEALTH DEPARTMENT 4627-69-9198

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

OWNER OR CONTRACTOR Thomas Howard DATE May 9, 88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W TC 1211 (Meadow Peninsula) 1/4 mile on Rt. _____ S. R. No. _____

SUBDIVISION NAME CLOT Lake Norman LOT NO. 211 SECTION OR BLOCK NO. 10

House (4) Mobile Home ( ) Business ( ) Other _____ * See permit dated 2-25-82

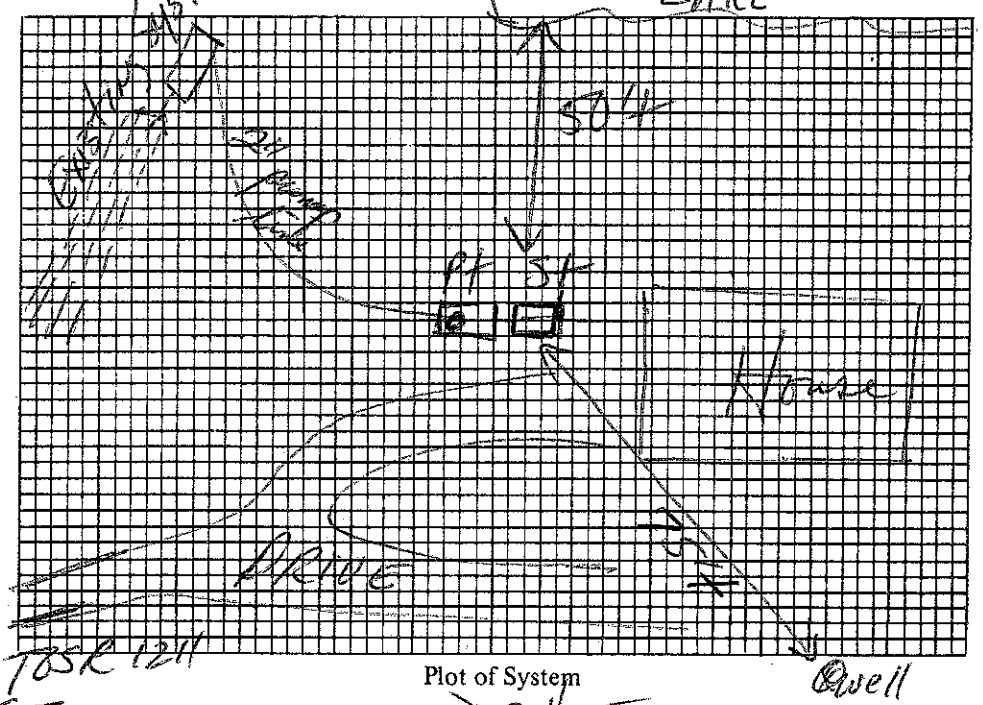
No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (L)	Character & Porosity of Soil		
Auto. Dishwasher	Yes (L)	No ( )	Percolation Rate		
Auto. Wash. Machine	Yes (L)	No ( )	Topography		
Site Suitable	Yes ( )	No ( )	Depth to Water Table		
			Rock or other impervious formations		

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

1000 gal pumptank



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual (L)
Public ( )

Installed by H Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY DMH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY DMHarmon, RS DATE 5-9-88

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