IREDELL COUNTY HEALTH DEPARTMENT 4627719845

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

OWNER OR CONTRACTOR Michael T. Cole DATE 4-27-84 PERMIT NO. 120

PHONE: Business _____ Home _____

LOCATION 1490 TR 1178 TR, TR 1443 TR 1444
TR Honeysuckle Lane 1st on left S. R. No. _____

SUBDIVISION NAME LAKE NORMAN LOT NO. 35 SECTION OR BLOCK NO. 9

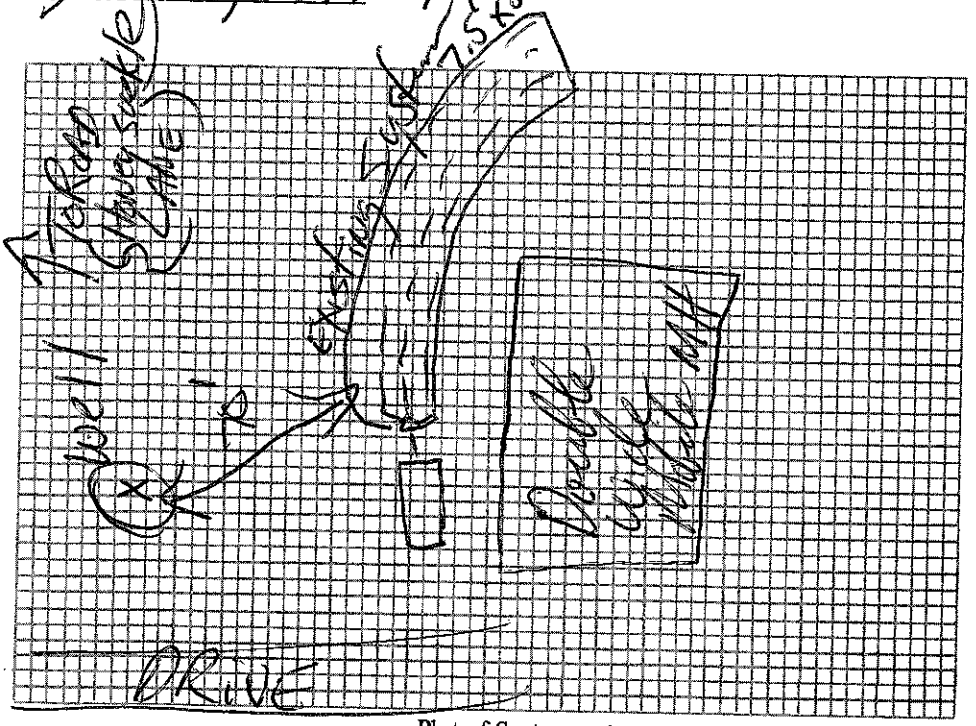
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000 ft²

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



Plot of System

Size of Tank 1000 EXISTING Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (X)
Public ( )

Installed by 9-18-74 T. Emmons

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

Signed: _____

System Checked by John Hodson 9-18-74

IMPROVEMENTS PERMIT BY J.C. Moore

COMMENTS: System working OK At time of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 4-27-84

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