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 Robin Rhodes – Jim DAVENPORT DATE 7-5-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1222 TR 1257 ½ mile on Left in Curve

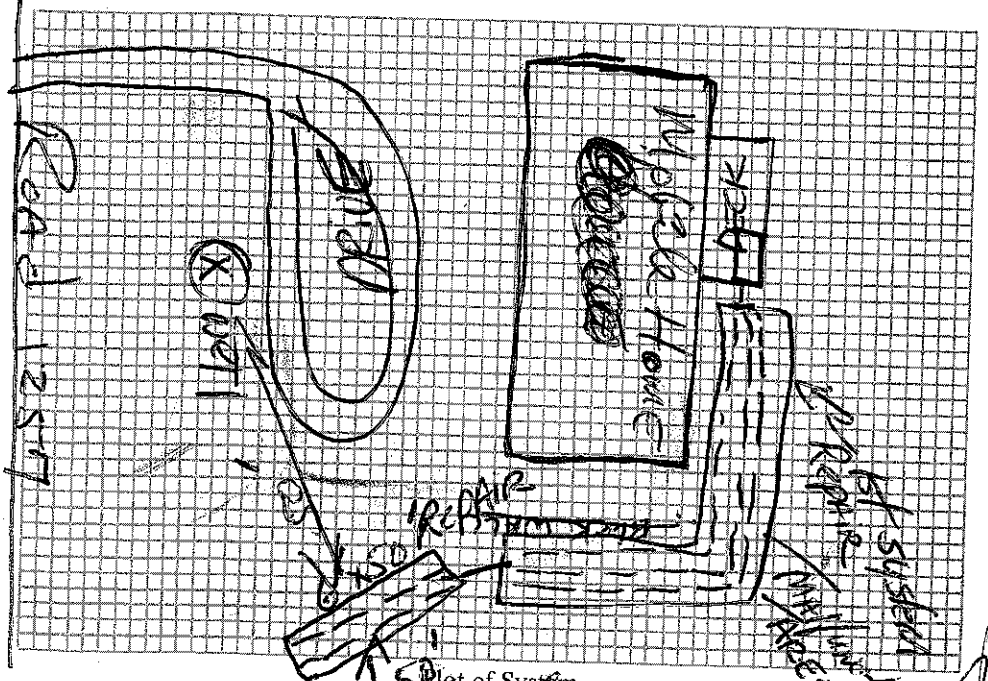
S. R. No. _____

SUBDIVISION NAME LAKE NORMAN LOT NO. 40 SECTION OR BLOCK NO. 8

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

No. Bedrooms 3 No. Bathrooms 2

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



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 300 Linear Ft. 190

Depth of Stone in Lines 12"

Water Supply: Individual (X)

Public ( )

Installed by LAKE

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

Signed: X F. J. Ervin

IMPROVEMENTS PERMIT BY Fred Clemmer + Kelly Sheaks

COMMENTS: Keep System Shallow

CERTIFICATE OF COMPLETION BY _____ DATE _____

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