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 Lake Norman Homes DATE 5-25-84 PERMIT NO. 144

PHONE: Business _____ Home _____

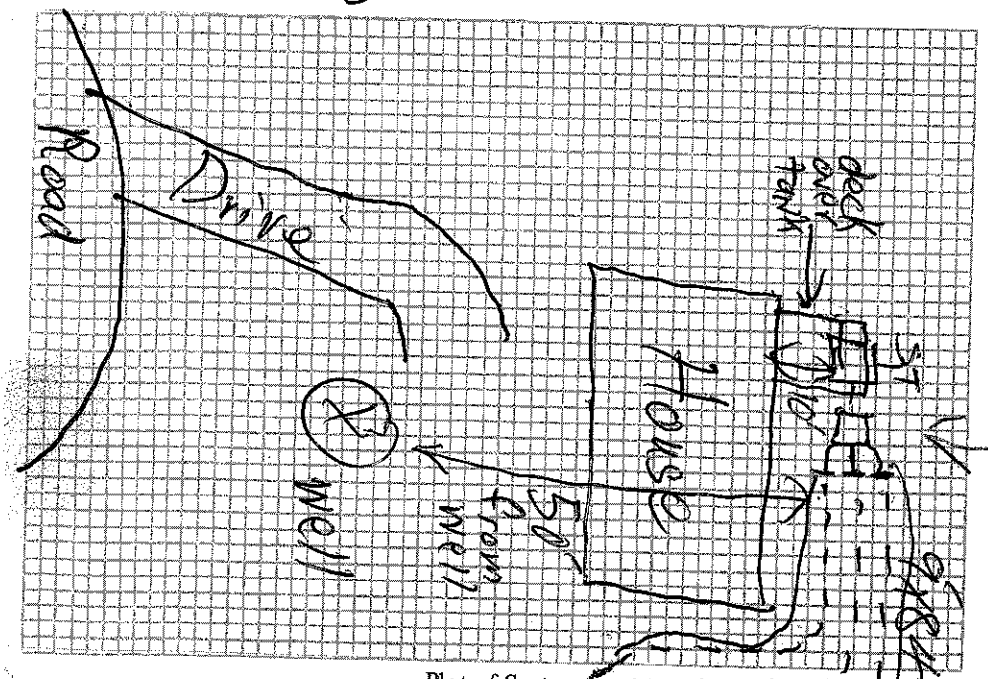
LOCATION 150 W TR 1109 TR 1100 TR South Fork 1222 ~2 miles on the left bear right 1257 Agnew S. R. No. _____

SUBDIVISION NAME N Lake Norman Homes LOT NO. 48 SECTION OR BLOCK NO. 8

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

No. Bedrooms 3 No. Bathrooms 2

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



Plot of System

Size of Tank Existing Gals.
Nitrification Field: System
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Tank to be pumped

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 5-25-84

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