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 Joe E. Smith DATE 9-2-80 PERMIT NO. 275

PHONE: Business _____ Home _____

LOCATION 1100 TR 1178 TL 1443 TL 1444 TR Honeysuckle Lane 5th on left S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 39 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 ( ) No ( )

Lot Area .67 ACRE

Character & Porosity of Soil weathered parent Material 80 mpi 4

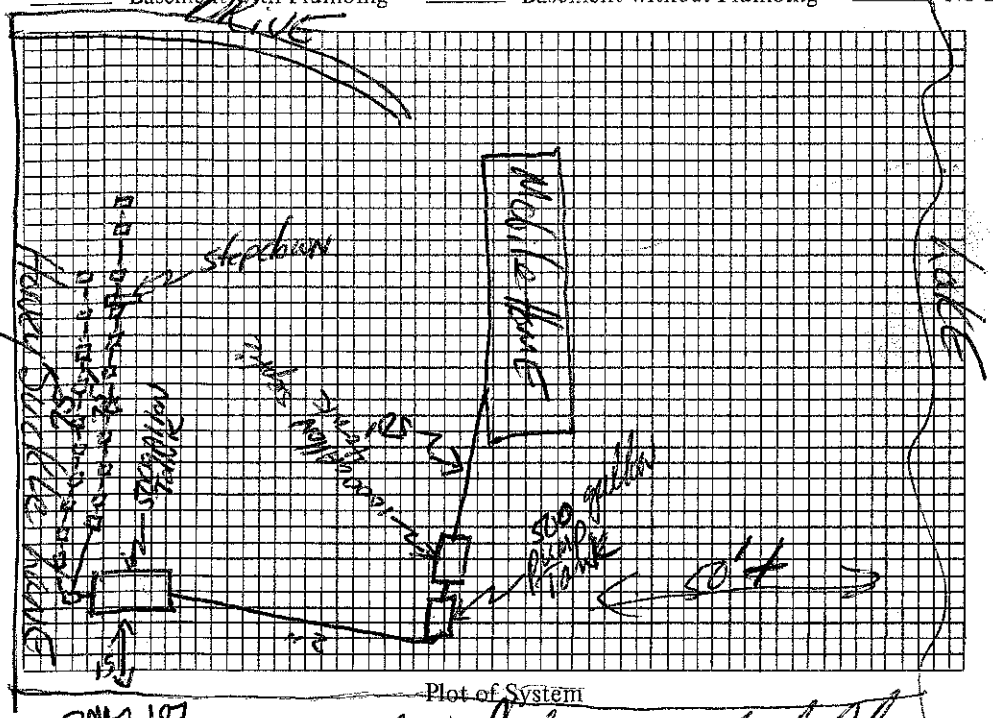
Percolation Rate _____

Topography 2-10% 3-4

Depth to Water Table _____

Rock or other impervious formations present packed H2O table

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 150 Linear ft

Sq. Ft. N/A Linear Ft. 21' Trench

Depth of Stone in Lines _____

Water Supply: Individual (X)

Public ( )

H2O from next door

Installed by T. J. Ervin Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY R.W. Johnson + Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 9-2-80

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