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 E.D. Greene DATE 6-24-77 PERMIT NO. 29

PHONE: Business _____ Home 664-5848

LOCATION 150 W TL on 1211 TL on 128

SUBDIVISION NAME Lake Norman LOT NO. 131 SECTION OR BLOCK NO. K

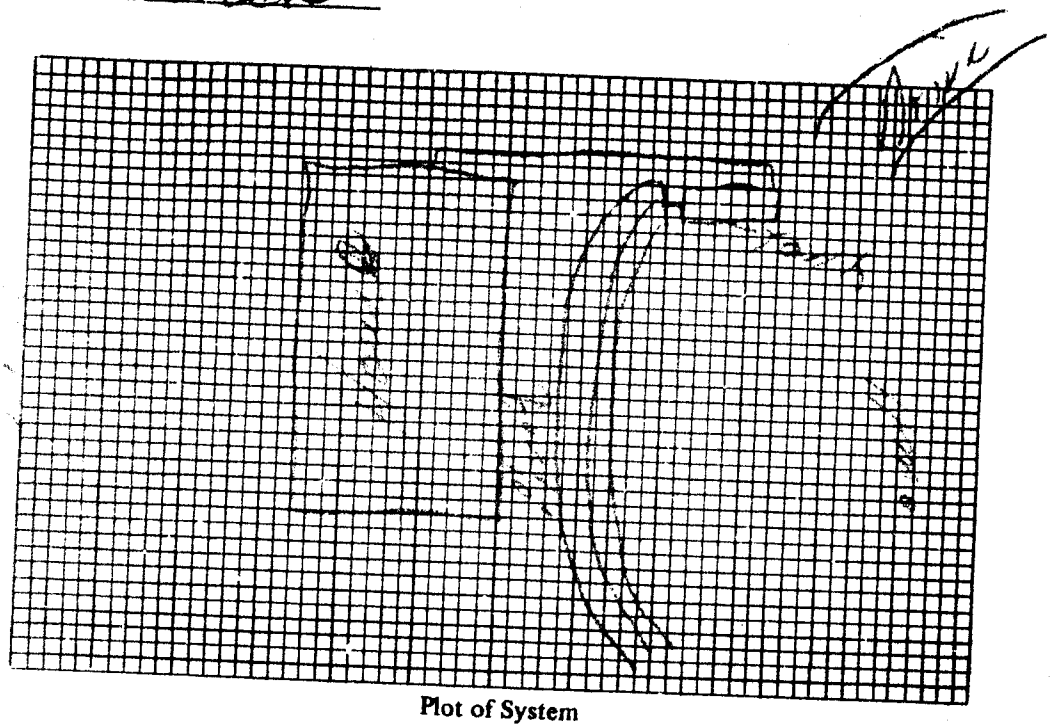
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 1 acre

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



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 450 Linear Ft. 225
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: System Working OK at Time of This Inspection

CERTIFICATE OF COMPLETION BY _____ DATE 6-24-77

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold