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 Lynn Sullivan DATE 3-24-83 PERMIT NO. 74

PHONE: Business _____ Home _____

LOCATION 1100 TR 1178 TL 1443 TL 1444 1.5 Miles ONR

SUBDIVISION NAME LAKE NORMAN LOT NO. 27 SECTION OR BLOCK NO. 9 S. R. No. _____

House (X) Mobile Home ( ) Business ( ) Other Addition 26x32 60 sq ft of Plumbing in

No. Bedrooms 4 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 ( )

Character & Porosity of Soil Clay loam

Percolation Rate 0.5 gal/ft²/day

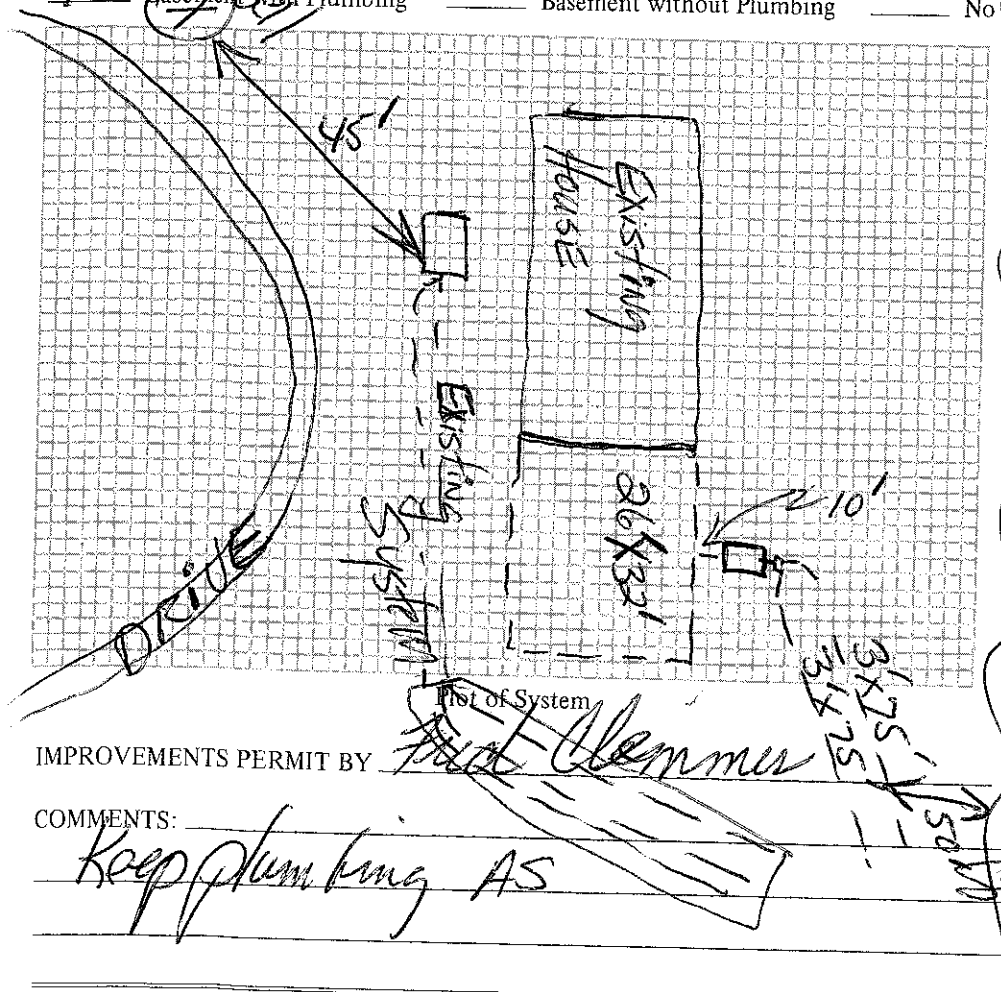
Topography 4+ 10-15%

Depth to Water Table _____

Rock or other impervious formations NONE observed

Lot Area ~3/4 ACRE

X Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 300 Linear Ft. 100'

Depth of Stone in Lines 12"

Water Supply: Individual (X)

Public ( )

Installed by _____

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

Signed: X T. J. Ervin

IMPROVEMENTS PERMIT BY Paul Clemmer

COMMENTS: Keep plumbing AS Shallow AS possible

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