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 3-25-80 PERMIT NO. 93

PHONE: Business _____ Home _____

LOCATION 1100 ft on 1178 ft on 1443 ft on 1444 ~ 1 mi. on Rt. _____ S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 27 SECTION OR BLOCK NO. 4

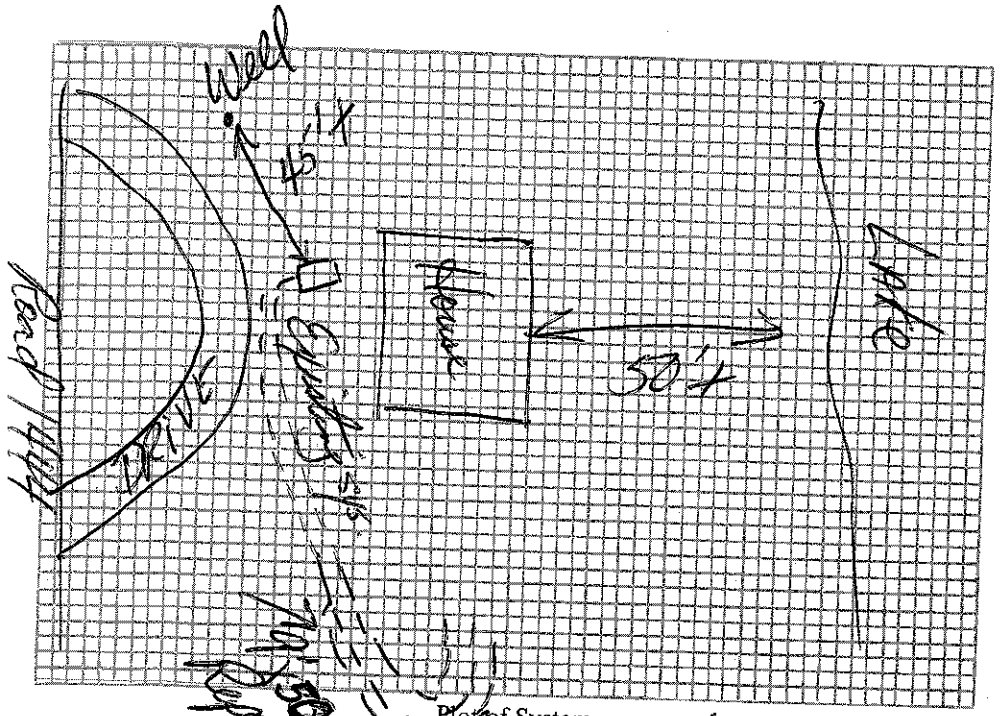
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 2 No. Bathrooms 1

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

Lot Area ~ 3/4 AC.

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



Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY David R. Hanson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

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