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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 Claude Dellinger DATE 12-2-80 PERMIT NO. 353

PHONE: Business _____ Home _____

LOCATION 1100 TR 1178 TR 1443 TR 1444 ~ 1½ Mile on R

SUBDIVISION NAME Lake Norman LOT NO. 24 SECTION OR BLOCK NO. 9 S. R. No. _____

House (X) Mobile Home ( ) Business ( ) Other Remodeling –

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 (X)	No ( )

Lot Area ~ 3/4 ACRE

Character & Porosity of Soil Clay loam

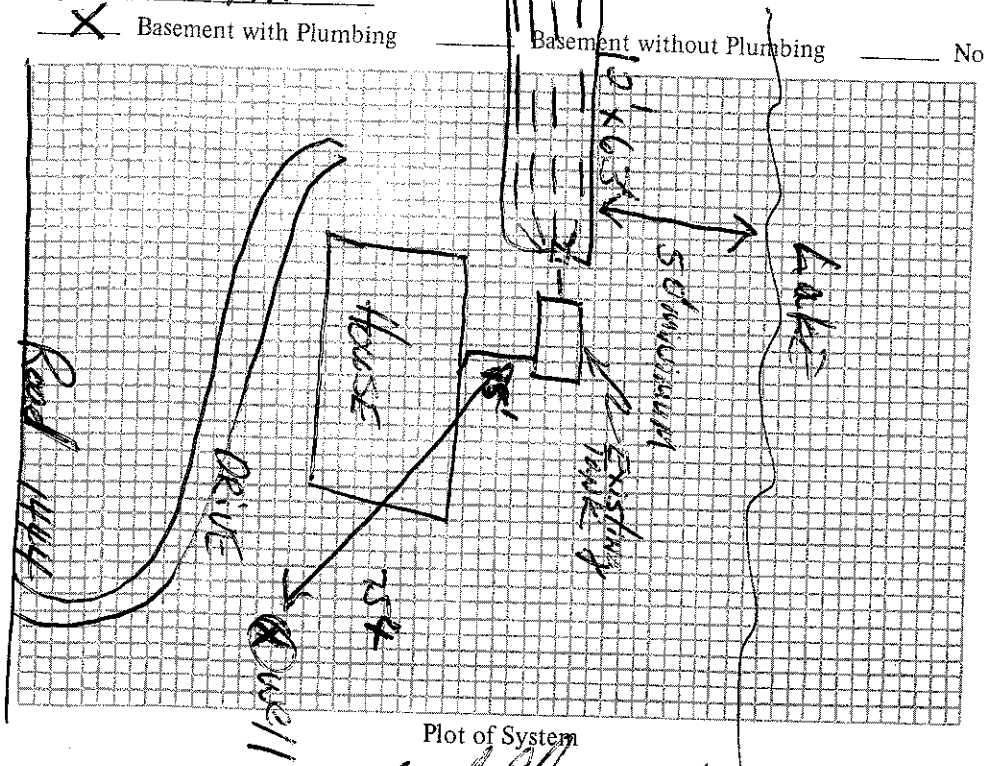
Percolation Rate 50 Min per in

Topography 2-5%

Depth to Water Table 4 Ft

Rock or other impervious formations None observed

(X) Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 250 Linear Ft. 250

Depth of Stone in Lines 16"

Water Supply: Individual (X)
Public ( )

Installed by J. J. Cain Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY: Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 12-2-80

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