IREDELL COUNTY HEALTH DEPARTMENT

1178

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR William F. Braswell DATE June 21, '90 PERMIT NO. 2L-4-A-23

PHONE: Business _____ Home _____

LOCATION 1100 TR 1178 TR 1443 TR 1444 (Beaton Path)
1 mile on Right S. R. No. _____

SUBDIVISION NAME Clot (Lake Norman) LOT NO. 23 SECTION OR BLOCK NO. 9

House ( ) Mobile Home (✓) Business ( ) Other Replacing 2 bedrm single wide w/ Newer 2 bedrm single wide

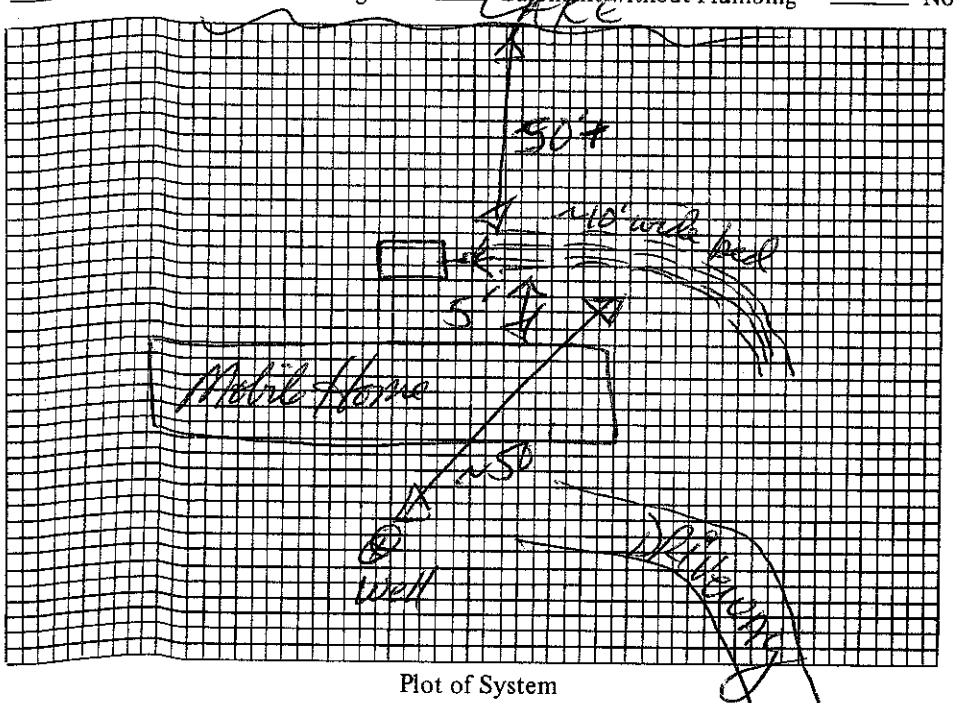
No. Bedrooms 2 No. Bathrooms 1

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

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

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ___✓___ No Basement



Plot of System

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

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____ SR 1444

COMMENTS: Existing system showing no sign of malfunction at time of inspection.
Move mobile home back 6' from where it is presently sitting on lot.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: D. E. Hinson, EHS DATE 6-21-90

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