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 Odell Mullis DATE 5-10-22 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Lot 9 Ref # 47 Corner of Lake Norman Drive & Watson Rd

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 47 SECTION OR BLOCK NO. 9

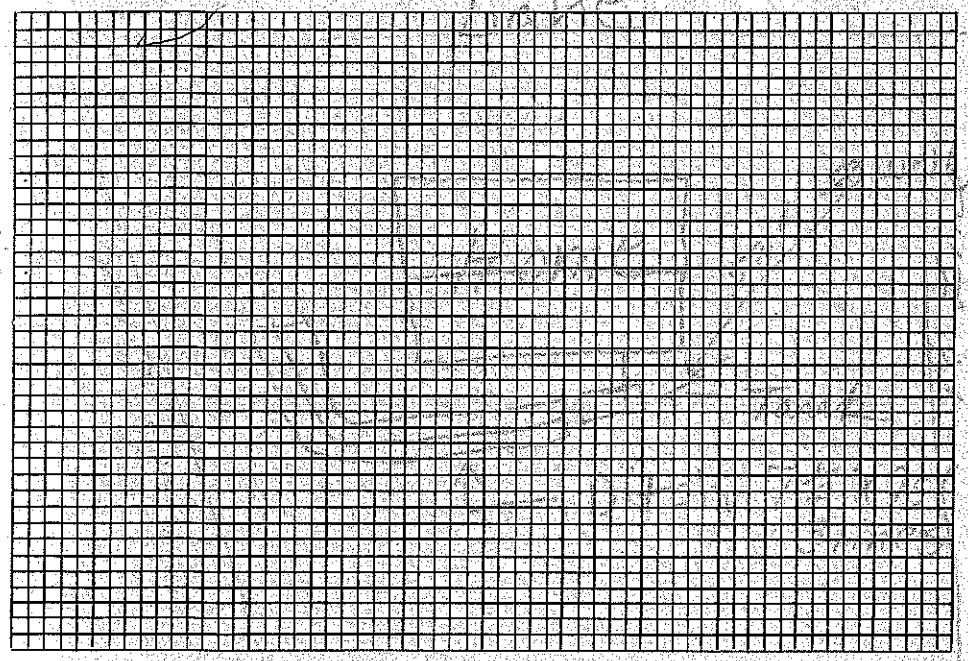
House (✓) Mobile Home ( ) Business ( ) Other _____

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 2 acre

Character & Porosity of Soil Sandy Clay
Percolation Rate 5 MPI
Topography Sloping
Depth to Water Table 30" Rock
Rock or other impervious formations 30" Rock



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 450 Linear Ft. _____
Depth of Stone in Lines 24"
Water Supply: Individual (✓)
Public ( )

Installed by Owner
Sept. Rules

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing System was Evaluated by Owner
24" Lines of Distribution

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