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 J. W. Rogers DATE 5-19-83 PERMIT NO. 156

PHONE: Business _____ Home _____

LOCATION 1100 TR 1178 TR 1444 on (Beaten Path) ON Right before Honeysuckle Lane S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 49 SECTION OR BLOCK NO. 9

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

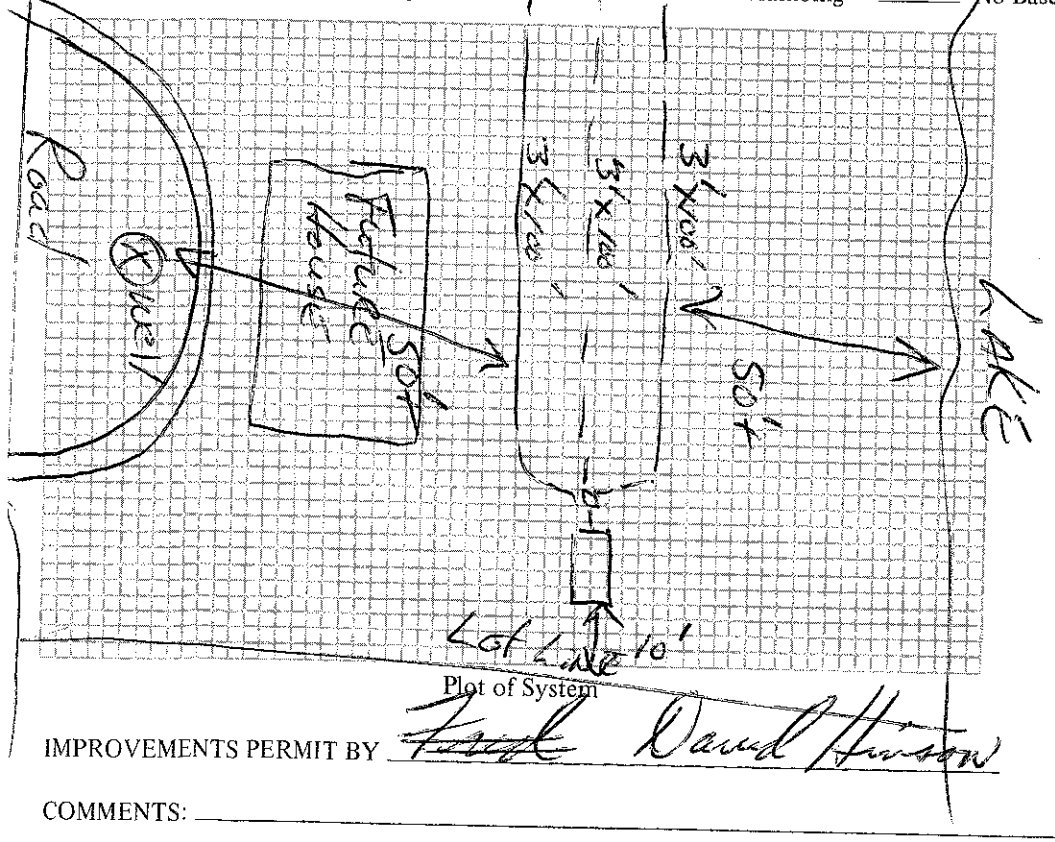
No. Bedrooms 3 No. Bathrooms 2

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 0.49 gpf ft²/day
Topography ~ 10-15%
Depth to Water Table 4+
Rock or other impervious formations NONE observed

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by Gladney Ken Pellegen

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

Signed: _____

IMPROVEMENTS PERMIT BY ~~Fred~~ David Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 5-19-83

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