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IREDELL COUNTY HEALTH DEPARTMENT

10851

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Randy Hinson DATE Jan. 2, '90 PERMIT NO. 2L-4A72

PHONE: Business _____ Home _____

LOCATION 400 SR1178 (Blume) SR1443 SR1444 (Beaten Path) 2nd House on Right

S. R. No. _____

SUBDIVISION NAME CLT Lake Norman LOT NO. 72 SECTION OR BLOCK NO. 9

Ex

House (✓) Mobile Home ( ) Business ( ) Other Addition of Rec. Room, etc. w/ Addn.

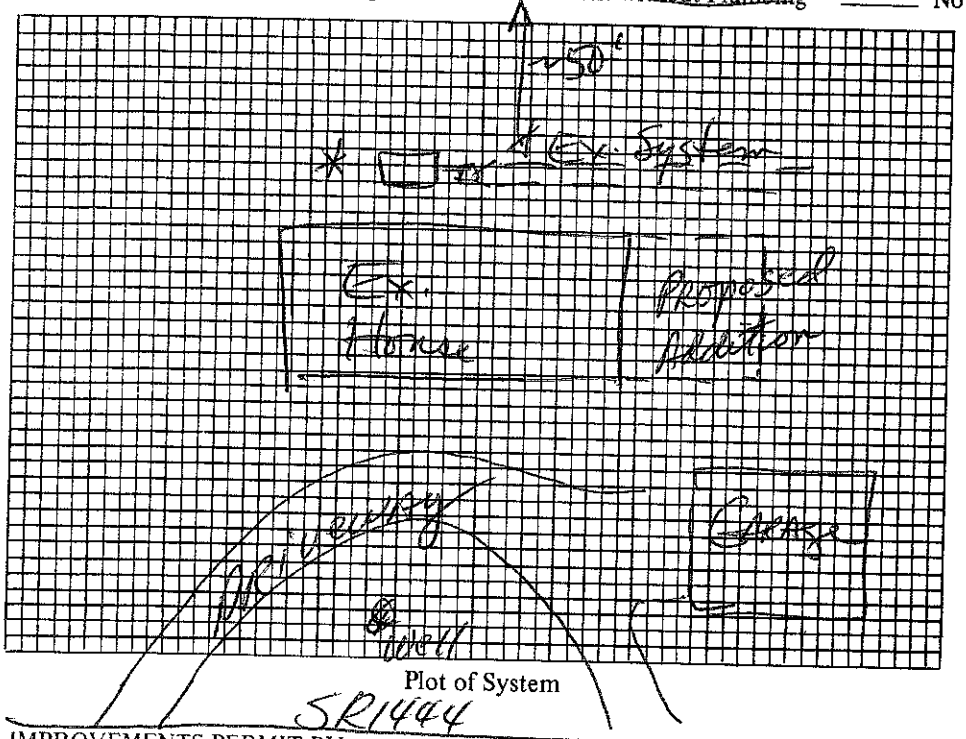
No Increase in total # of bedrooms

No. Bedrooms 3 No. Bathrooms ~3

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes ( )	No ( )	Topography	
Site Suitable	Yes ( )	No ( )	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: _____

* Deck has been built over ex system in part.

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system showing no sign of malfunction at time of inspection, Usable space for repair is extremely limited. Future repair may require one of the following: 1) Abandonment of ex. well w/ panel repair in present well location, 2) application to Crockett Resources to purchase property across street, or 3) application to DEM for discharge permit. DR Hinson, RS

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE 1-2-90

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