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. Joseph Mullally DATE 5-16-80 PERMIT NO. 147

PHONE: Business _____ Home _____

LOCATION 150W TR 1438 ~.2 mile on left

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 317 SECTION OR BLOCK NO. 11

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 ( ) No ( )

Lot Area .9 ACRE +

Character & Porosity of Soil with 2-1 clay tight sandy porous material

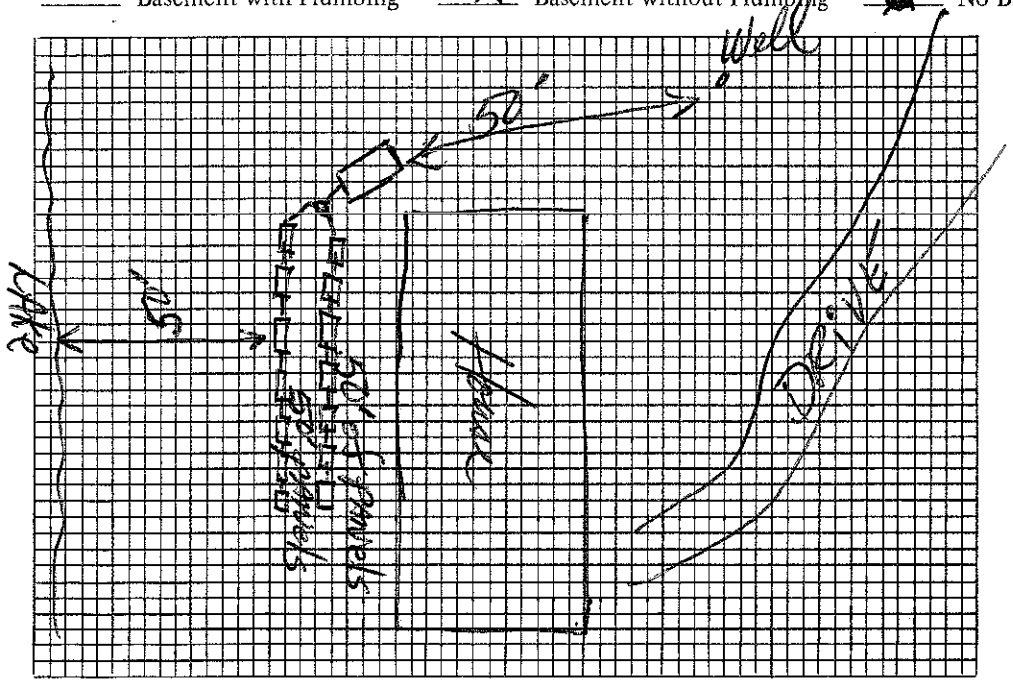
Percolation Rate 120-240 mpi

Topography 8%

Depth to Water Table unknown

Rock or other impervious formations NONE observed

_____ Basement with Plumbing _X_ Basement without Plumbing ___ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2 rows pipels 100' each
Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: James J. Mullally

IMPROVEMENTS PERMIT BY Fred Clemmer + David R. Hinson

COMMENTS: * Soil poor at house site - any repair to be done on leased area adjacent to Lot; See Attached lease agreement

CERTIFICATE OF COMPLETION BY _____ DATE _____

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