4628 80 8634

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 M C. Roberts DATE 5-2-28 PERMIT NO. 25

PHONE: Business _____ Home 663 4683

LOCATION 150 W Iron Duff

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 345 SECTION OR BLOCK NO. 4

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 3 acre

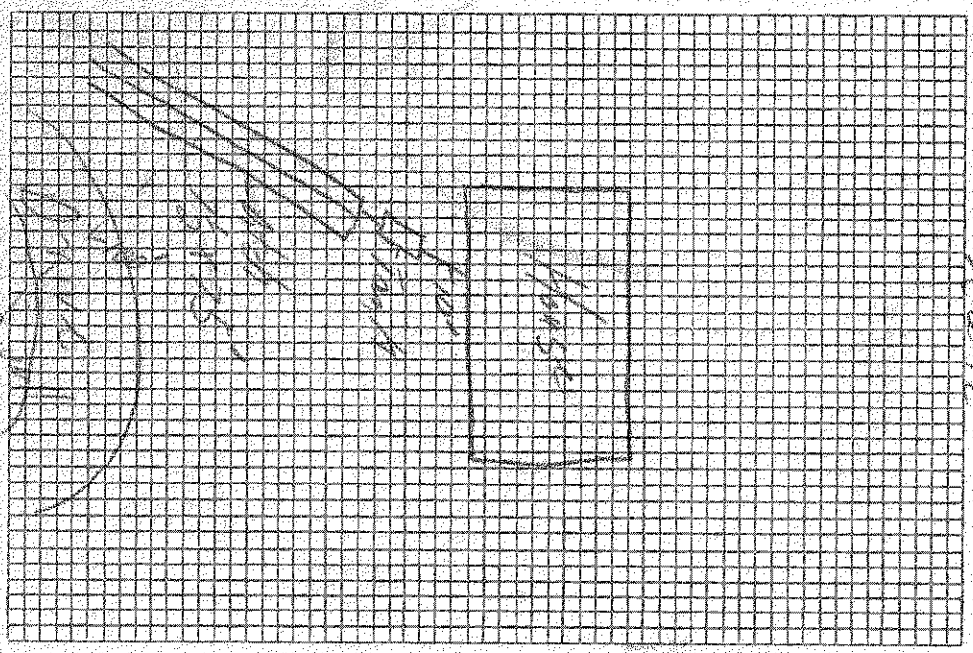
Character & Porosity of Soil Sandy Loam

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 540 Linear Ft. 225

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by Dickson

10-20-28

IMPROVEMENTS PERMIT BY _____

COMMENTS: System Working OK Pump Line

on Lake Inspection

CERTIFICATE OF COMPLETION BY [illegible] DATE 5-2-28

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