4628812298

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 Louise Goode DATE 5-22-74 PERMIT NO. _____

PHONE: Business _____ Home 664-3541

LOCATION 150 west 6mi TR on 1435 ½ mi on left S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 309 SECTION OR BLOCK NO. 11

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

No. Bedrooms _____ No. Bathrooms Existing Character & Porosity of Soil House and

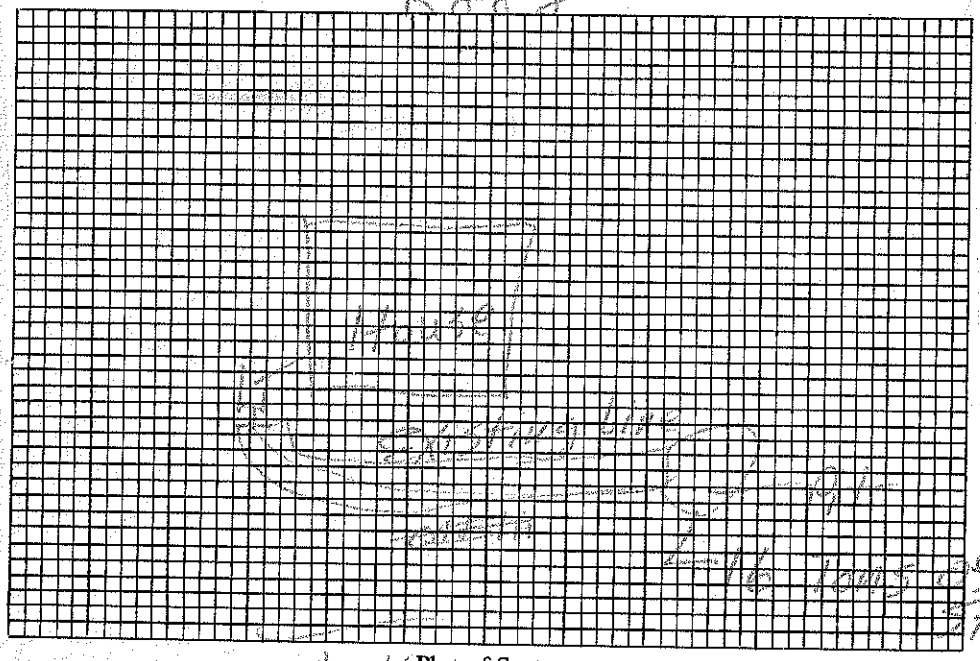
Garbage Disposal Unit Yes ( ) No ( ) Percolation Rate _____

Auto. Dishwasher Yes ( ) No ( ) Topography Septic Tank

Auto. Wash. Machine Yes ( ) No ( ) Depth to Water Table _____

Site Suitable Yes ( ) No ( ) Rock or other impervious formations _____

Lot Area _____ System



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: Due to lack of space will add pit at end as present Drain line to take care of extra Bath and wash machine. Dig Pit Big enough for 16 Tank

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 7-16-74

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