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 Bill Turner DATE 5-13-81 PERMIT NO. 107

PHONE: Business _____ Home _____

LOCATION 150W TR 1438 TR 1450 TR 1451 Near end on left

S. R. No. 1451

SUBDIVISION NAME Lake Norman LOT NO. 260 SECTION OR BLOCK NO. 11

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

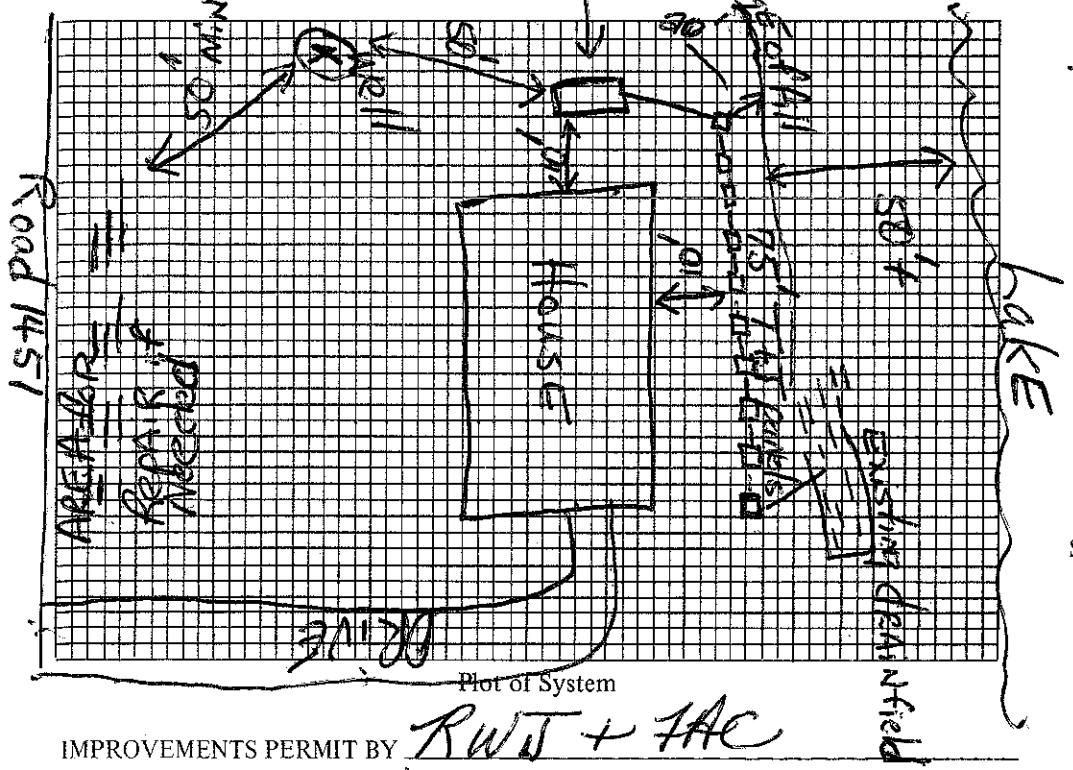
No. Bedrooms 3 No. Bathrooms 2 w/1

Garbage Disposal Unit	Yes ( )	No (X)	
Auto. Dishwasher	Yes ( )	No (X)	
Auto. Wash. Machine	Yes (X)	No ( )	
Site Suitable	Yes ( )	No ( )	

Lot Area 20,000 ft²

Character & Porosity of Soil weathered parent material
Percolation Rate 100 mpi
Topography 10 - 15%
Depth to Water Table unknown
Rock or other impervious formations None observed

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals. w/ baffel wall

~~Nitrification Field:~~
No. of Lines 1 75 Linear Ft T+T Panels
Sq. Ft. _____ Linear Ft. _____
Depth of ~~Stone~~ in Lines 1½' sand in 24" trench
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: Daniel Russell

IMPROVEMENTS PERMIT BY RWJ + JAC

COMMENTS: Use 1½' washed sand in trench bottom w/ overflow into existing Nitrification field. If this system malfunctions, owner will install pump and tank and will pump effluent to upper part of lot to a new system of panels and/or conventional drain field

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