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 [illegible] DATE 4-15-22 PERMIT NO. _____

PHONE: Business _____ Home 664-3560

LOCATION SOW 2 R on #38 R on 1450 L on Lot S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 250 SECTION OR BLOCK NO. _____

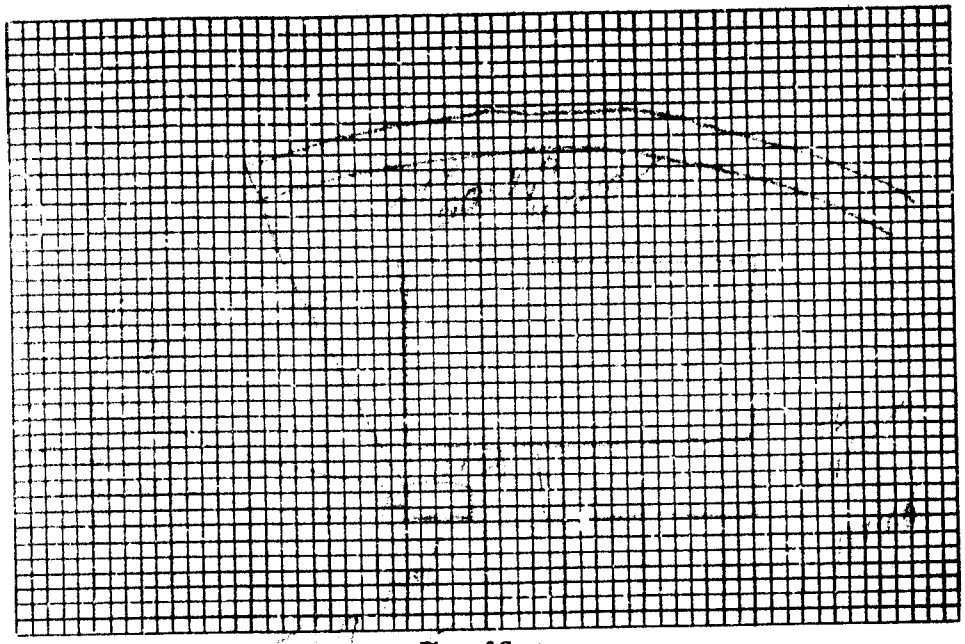
House (✓) Mobile Home ( ) Business ( ) Other _____

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 1 Acre

Character & Porosity of Soil Clay Loam
Percolation Rate 1" in 5 min
Topography Slope
Depth to Water Table 10 ft
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200'
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY [illegible]

COMMENTS: 3 bedroom 1 bath Septic Tank 1000 gal

CERTIFICATE OF COMPLETION BY [illegible] DATE 4-21-22

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