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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 ~~Larry Chastain~~ THOMAS HARDING DATE Sept. 24 '91 PERMIT NO. 26-10-A16

PHONE: Business _____ Home _____

LOCATION 400 TR 1113 TL Gantt TR Hermitage on left

S. R. No. _____

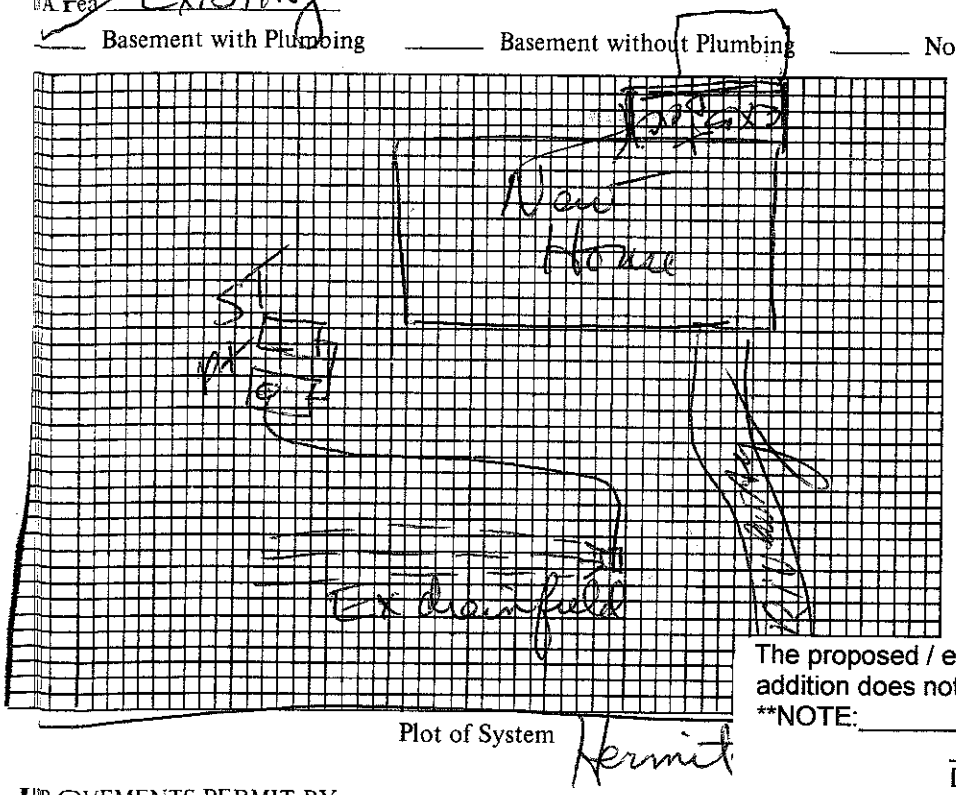
SUBDIVISION NAME Crescent - Lake Norman LOT NO. 16 SECTION OR BLOCK NO. 5

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	
No. Dishwasher	Yes ( )	No (✓)	Percolation Rate	
No. Wash. Machine	Yes (✓)	No ( )	Topography	
Suitable	Yes ( )	No ( )	Depth to Water Table	
Area Existing			Rock or other impervious formations	

(✓) Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System Hermit

Size of Tank 1500 gal 1500 ST Gals.

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

Water Supply: Individual (✓)
Public ( )

Installed by Owner

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

Signed: _____

The proposed / existing DECK addition does not appear to impact the existing septic system.

**NOTE: _____ R.S.

Date: 10-15-09
ICHD-Environmental Health Division

IMPROVEMENTS PERMIT BY _____

COMMENTS: Temp and alarm functioning as of this date.

O.P.

CERTIFICATE OF COMPLETION BY _____ DATE 9-24-91

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