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 Jean Bumgarner DATE 10-13-81 PERMIT NO. 315

PHONE: Business _____ Home _____

LOCATION 1100 TR 1178 TR 1443 0.5 Mile on R

SUBDIVISION NAME Lake Norman S. R. No. _____

LOT NO. 1 SECTION OR BLOCK NO. 9

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

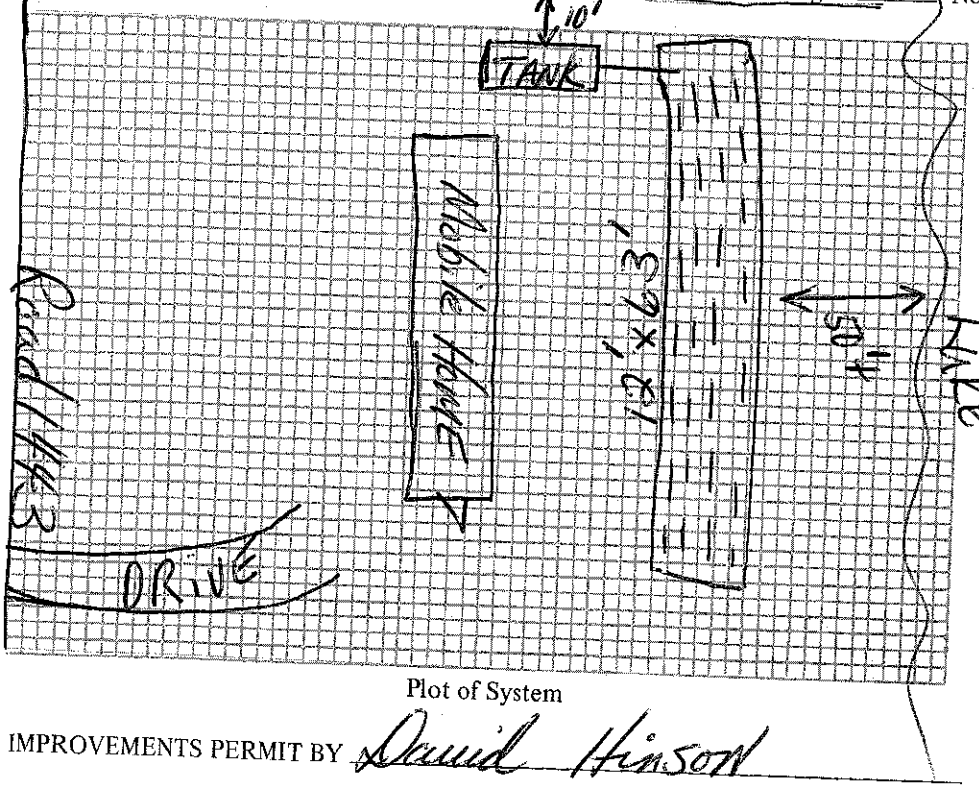
No. Bedrooms 2 No. Bathrooms 2

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

Character & Porosity of Soil Clay loam
Percolation Rate ~ 30 Mpi
Topography 15% +
Depth to Water Table unknown
Rock or other impervious formations None observed

Lot Area 20,000 ft² Lot Line

~~Basement with Plumbing~~ Basement without Plumbing ___ No Basement X



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 750 Linear Ft. 750
Depth of Stone in Lines 16"
Water Supply: Individual (X)
Public ( )

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

Signed: _____

IMPROVEMENTS PERMIT BY David Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 10-13-81
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