IREDELL COUNTY HEALTH DEPARTMENT 4637022562

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

DR. Edward Londis

OWNER OR CONTRACTOR DR. Londis DATE 5-28-80 PERMIT NO. 147

PHONE: Business _____ Home _____

LOCATION 1100 TR 1178 TR 1443 ~1 mile on R

SUBDIVISION NAME Lake Norman LOT NO. 108 SECTION OR BLOCK NO. 9 S. R. No. _____

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

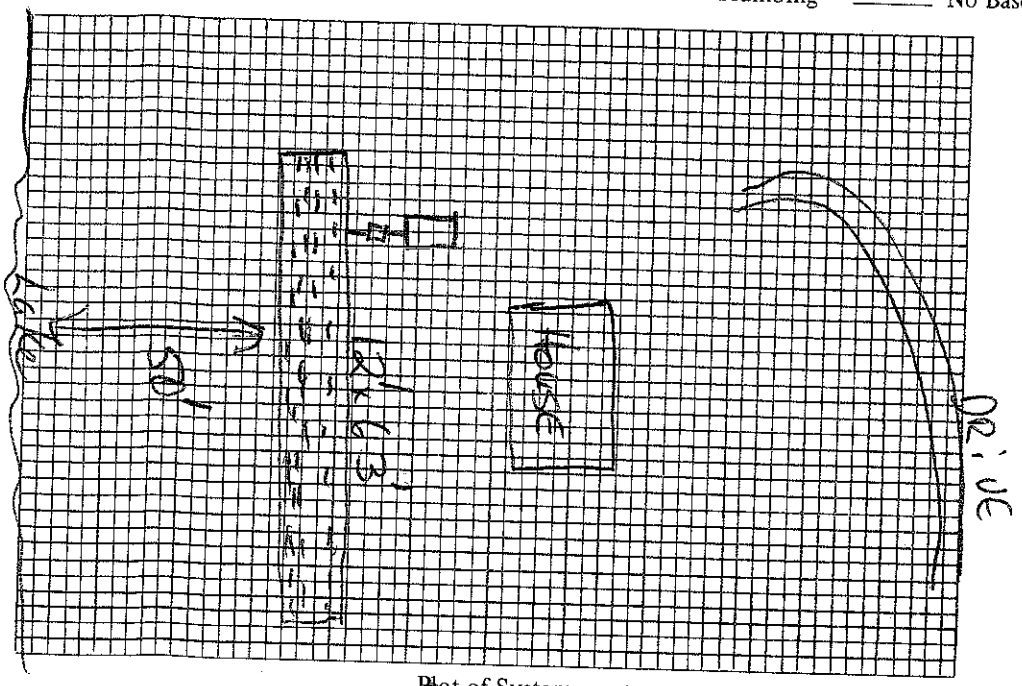
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area ~3/4 acre

Character & Porosity of Soil loamy sand/gravel material
Percolation Rate 8 Days
Topography 10-15%
Depth to Water Table unknown
Rock or other impervious formations None observed

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 6
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16"
Water Supply: Individual (X)
Public ( )

Installed by F. J. Cain

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

Signed: _____

IMPROVEMENTS PERMIT BY David R. Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 5-28-80

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