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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) 4637-02-8492

OWNER OR CONTRACTOR Clyde Hall DATE 7-15-80 PERMIT NO. 210

PHONE: Business ______ Home ______

LOCATION 1100 TR 1178 go to end TL .2mile on R

______ S. R. No. ______

SUBDIVISION NAME Lake Norman LOT NO. 137 SECTION OR BLOCK NO. 9

House ( ) Mobile Home (X) Business ( ) Other Addition to house

No. Bedrooms 3 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 ( )

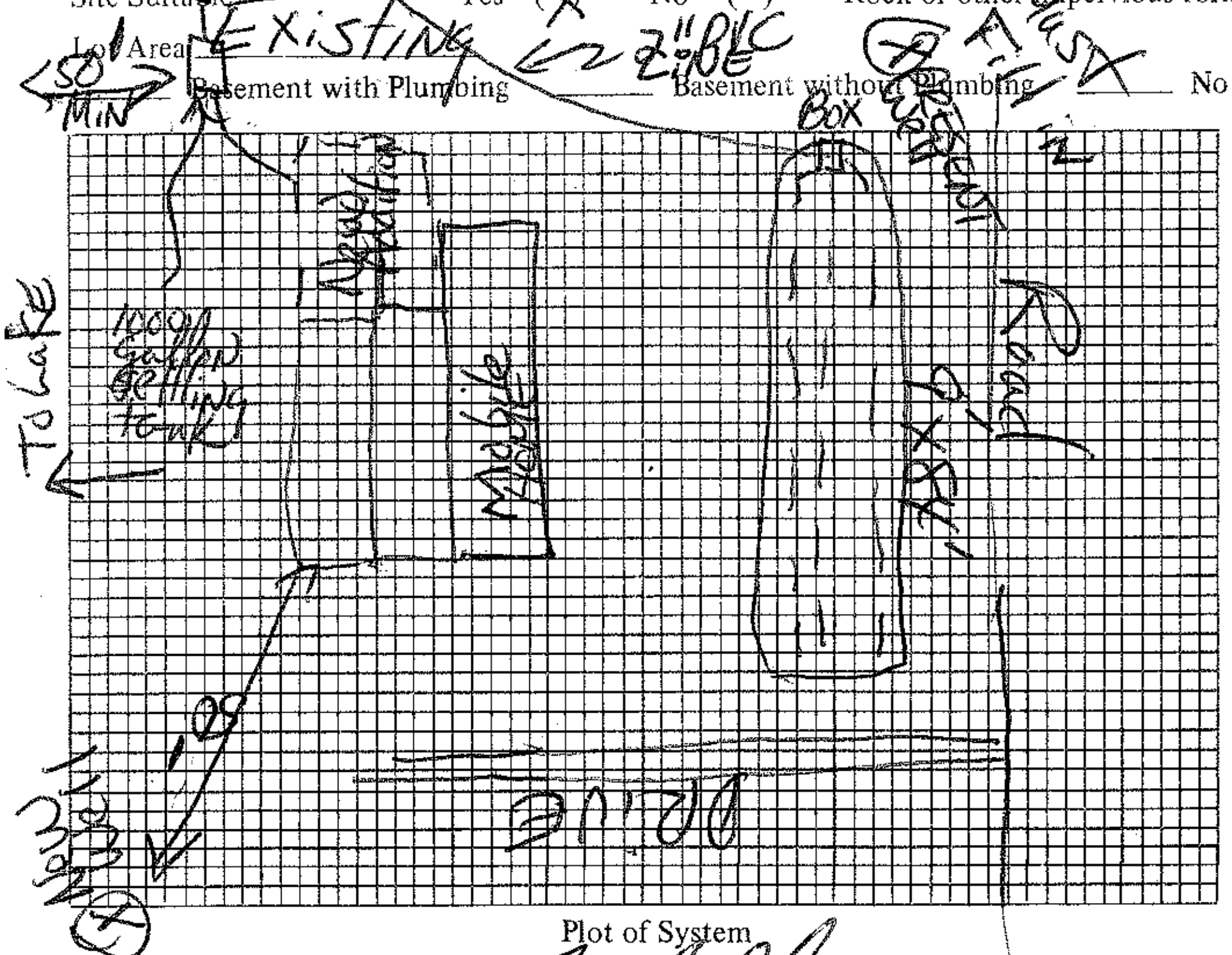
1000 gal pump tank

Character & Porosity of Soil Existing System
Percolation Rate
Topography
Depth to Water Table
Rock or other impervious formations

Lot Area Existing 2" PVC

Basement with Plumbing ______ Basement without Plumbing ______ No Basement ______

1000 gal pump tank




Plot of System

Size of Tank 1000 septic tank
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16"
Water Supply: Individual (X)
Public ( )

Installed by ______

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

Signed: Clyde Hall

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Use good quality pump; Must fill in existing well with concrete or clean sand

System installed. No final approval to be given until old well filled in

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