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 Bill Maston DATE 11/8/85 PERMIT NO. 486

PHONE: Business _____ Home _____

LOCATION 1100, Rt on 1178, L on Culpeze, 2nd Hse on Rt

SUBDIVISION NAME Lake Norman LOT NO. 143 S. R. No. _____ SECTION OR BLOCK NO. 9

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

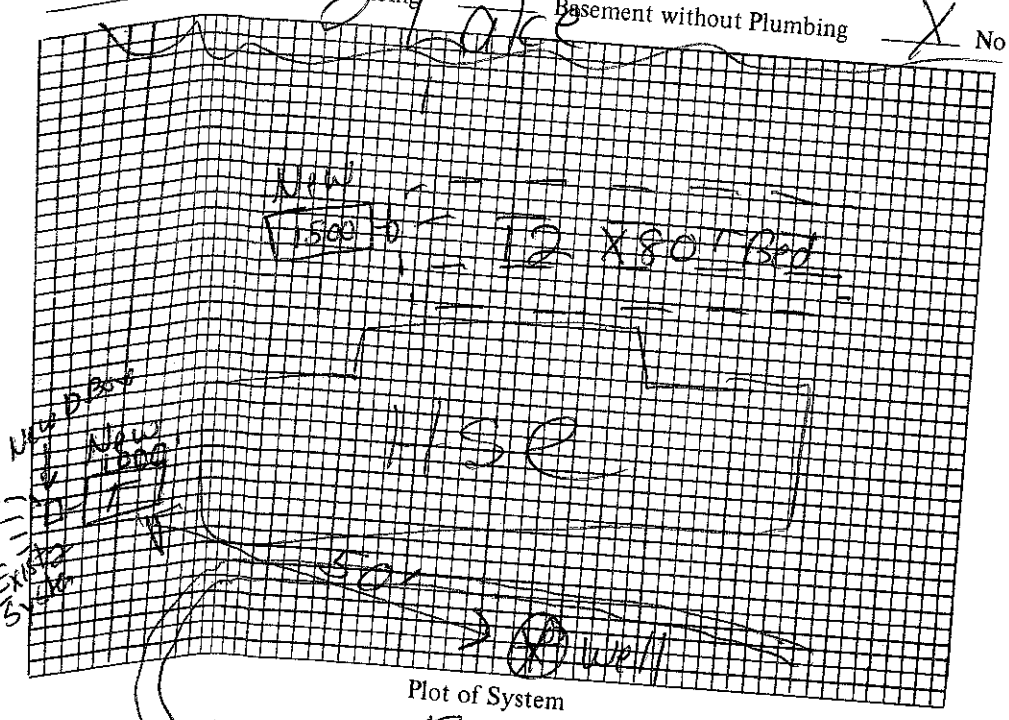
No. Bedrooms 5 No. Bathrooms 3

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

Lot Area Existing

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

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 gal Gals.
Nitrification Field: Replace Existing 1500
No. of Lines 4
Sq. Ft. 960 Linear Ft. 320
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public ( )

Installed by F.J. Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 11/8/85

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