2330 FF

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 Master DATE 9-5-85 PERMIT NO. 308

PHONE: Business ______ Home ______

LOCATION 400 TR 1178 TL AT END onto Calpeye (1239) Road 2nd on R S. R. No. ______

SUBDIVISION NAME Lake Norman LOT NO. 143 SECTION OR BLOCK NO. 9

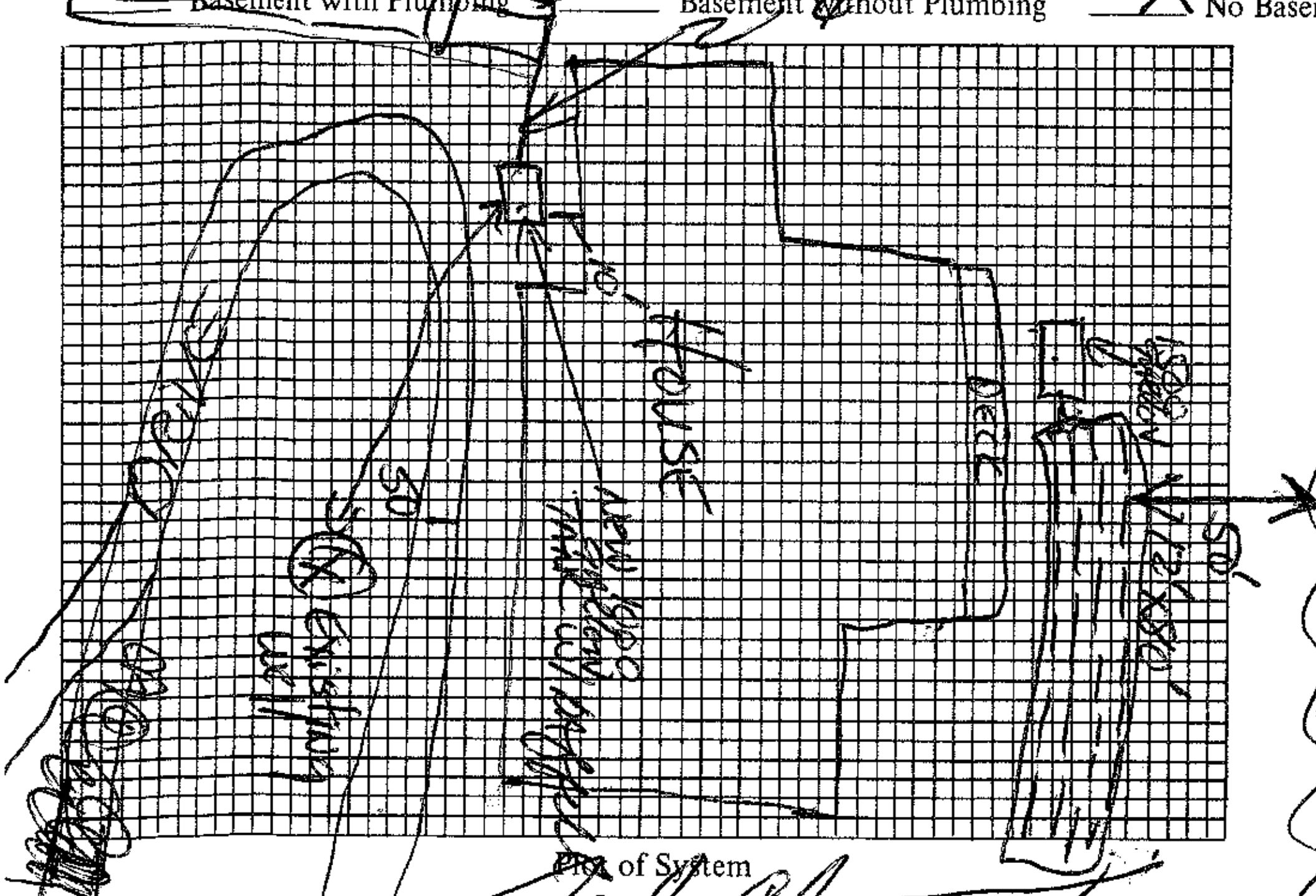
House (X) Mobile Home ( ) Business ( ) Other ______

No. Bedrooms 5 No. Bathrooms 3

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

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

______ Basement with Plumbing ______ Basement without Plumbing X No Basement



Plot of System

1000 gallon (Replacing existing tank)

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 960 Linear Ft. 320

Depth of Stone in Lines ______

Water Supply: Individual (X)
Public ( )

Installed by ______

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

Signed X McMaster Jr.

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep system shallow, about 1.5' cover; do not drive over old system

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