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 Charles E. Anthony DATE 10-7-96 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR on 1178 at end. S. R. No. 1178

SUBDIVISION NAME Lake Norman LOT NO. 145 SECTION OR BLOCK NO. 9

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

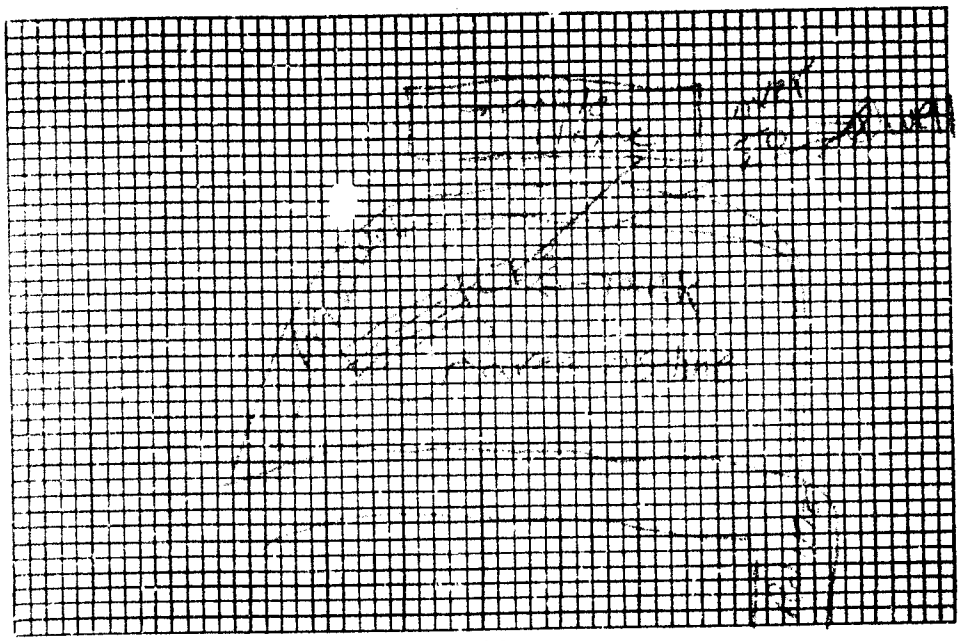
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 3/4 acre

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

Lake



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 522 Linear Ft. 220
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by ?

IMPROVEMENTS PERMIT BY _____

COMMENTS: System is adequate for mobile Home.

CERTIFICATE OF COMPLETION BY _____ DATE 10-07-96

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold