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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)

OWNER OR CONTRACTOR Richard E. Young DATE 2-26-85 PERMIT NO. 53

PHONE: Business ______ Home ______

LOCATION 150W TL on ~~Pen~~ Paradise Penn. just past the rock quarry TL on Greenbay (1218) go to end 2nd last house on right S. R. No. ______

SUBDIVISION NAME CLA LakeNorman LOT NO. 100 SECTION OR BLOCK NO. 10

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

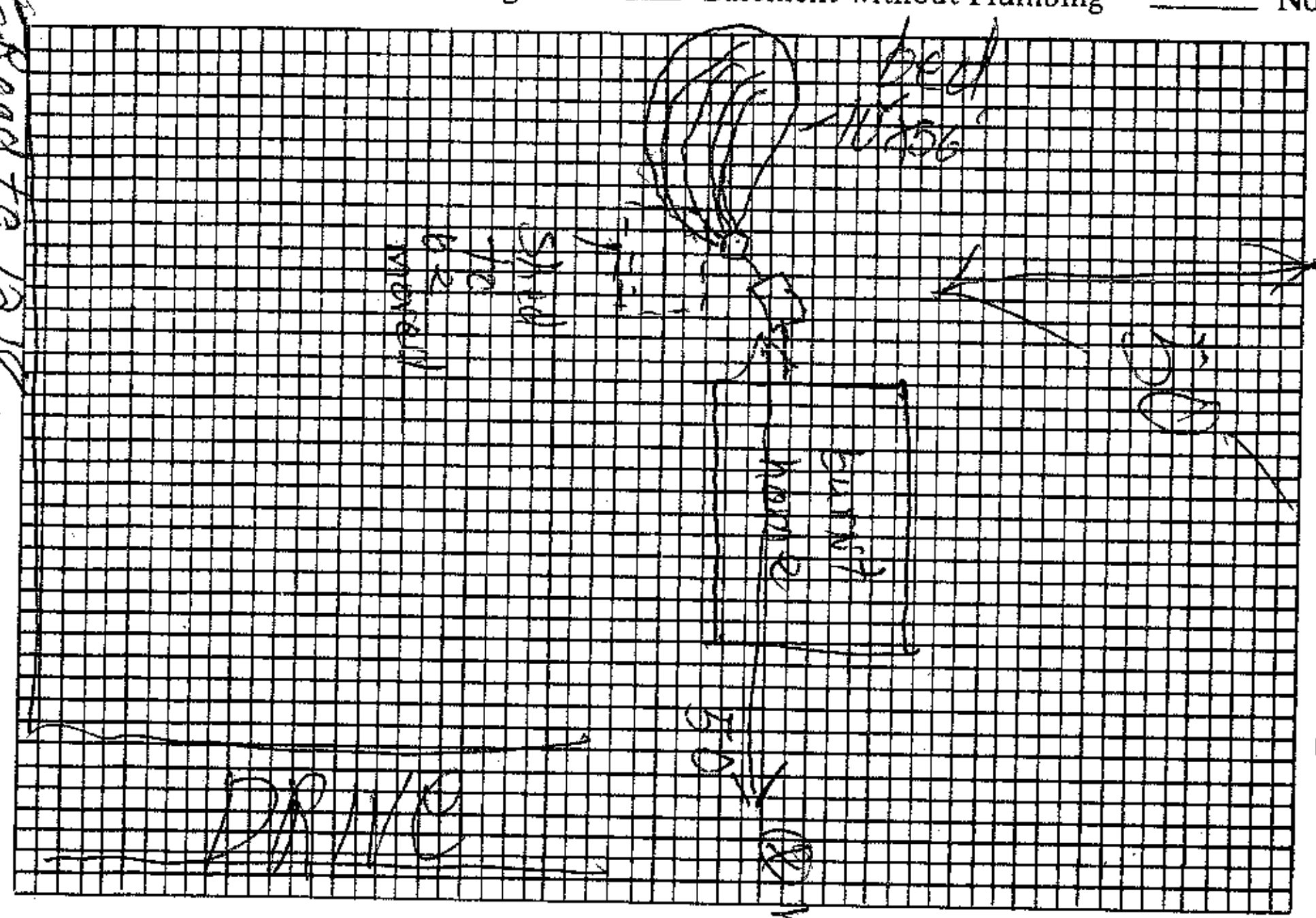
No. Bedrooms 3 No. Bathrooms 2

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

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

Lot Area ______

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank ______ Gals.
Nitrification Field:
No. of Lines ______
Sq. Ft. ______ Linear Ft. ______
Existing
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: ______

IMPROVEMENTS PERMIT BY ______

COMMENTS: House burnt down going to be rebuilt; existing system working OK at date of inspection

CERTIFICATE OF COMPLETION BY ______ DATE ______
EXISTING SYSTEM CHECKED BY: Charles K. Barnett DATE 2-26-85

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