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 Morris Hood DATE 6-13-85 PERMIT NO. 285

PHONE: Business _____ Home _____

LOCATION 150 W TL on McCreary Rd go to the end of road TR & TL 2 lot on right S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 1061 SECTION OR BLOCK NO. 10

House (X) Mobile Home ( ) Business ( ) Other building house

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Existing Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Character & Porosity of Soil _____

Percolation Rate _____

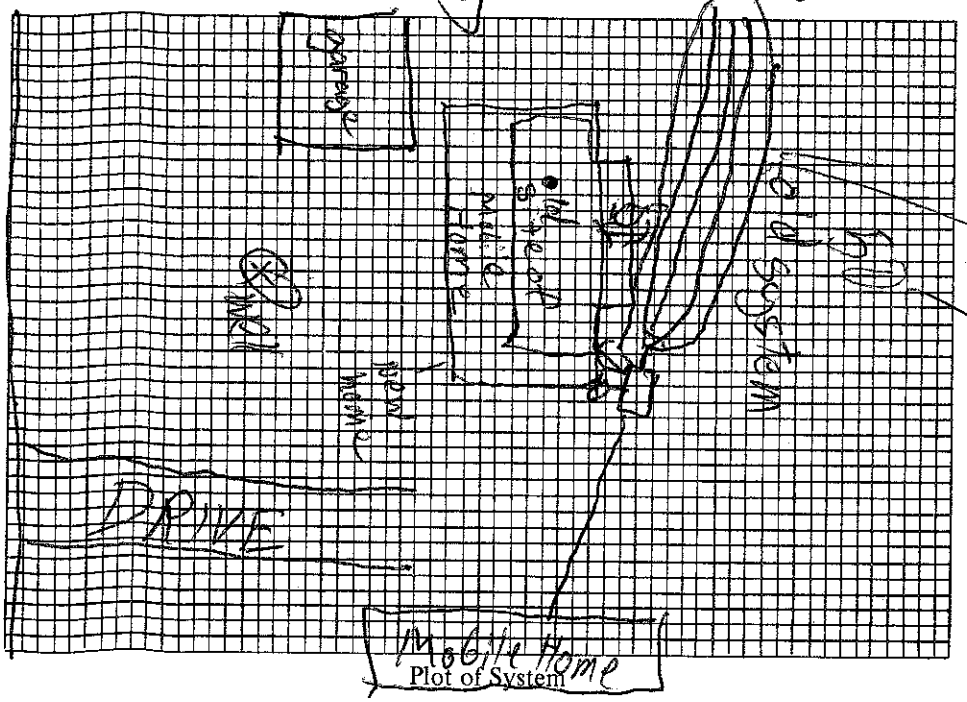
Topography Existing

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank E 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: existing system working OK at date of inspection building house to replace mobile home keep house foundation 10' off septic system (tank & lines)

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles K. Bennett DATE 6-13-85

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