4637-14-8637

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 6-28-85 PERMIT NO. 298

PHONE: Business _____ Home _____

LOCATION 150W TL Mc Creary go to end TL 2nd lot on right

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 61 SECTION OR BLOCK NO. 10

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

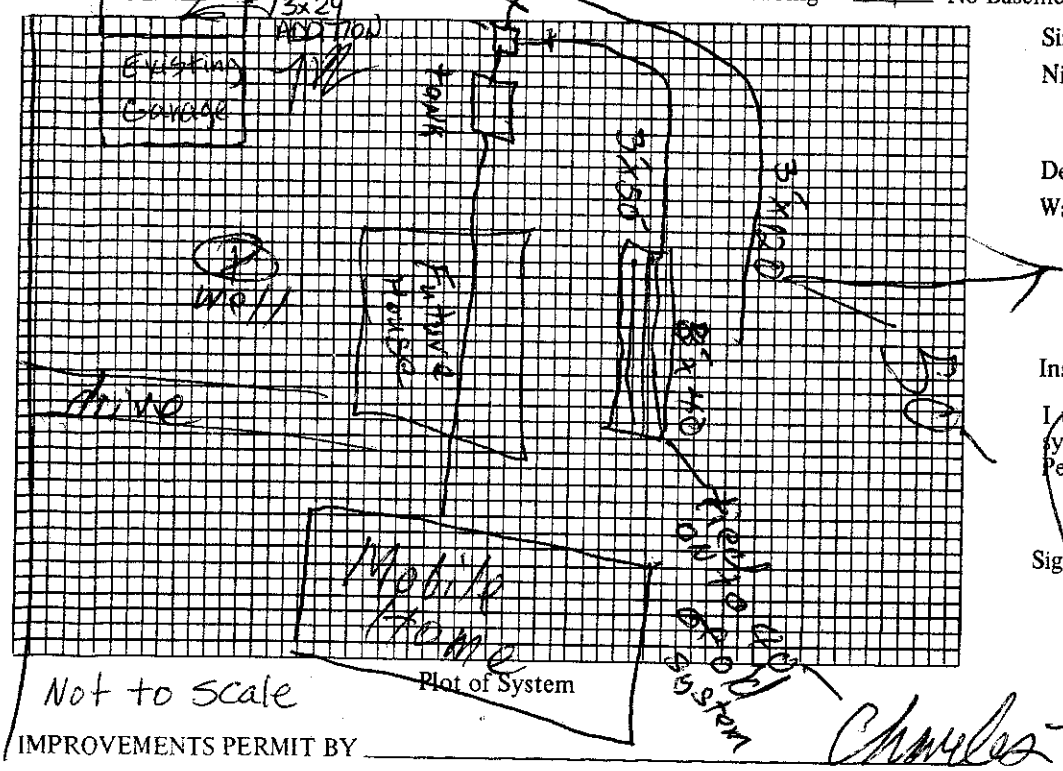
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clay
Percolation Rate 0.4 gal/ft²/day
Topography 2-8%
Depth to Water Table 24"
Rock or other impervious formations none obs.

Lot Area _____

_____ Basement with Plumbing 2 _____ Basement without Plumbing 1 No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 580 Linear Ft. 170
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by F. J. Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY Charles K. Barnett

COMMENTS: 190' of lines add'l plus 120 of old lines tied on to

CERTIFICATE OF COMPLETION BY Charles K. Barnett DATE 6-28-85

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 sy
Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yello

The proposed / ~~existing~~ Garage Addition addition does not appear to impact the existing septic system.

**NOTE: _____

Judy Mahill R.S.
Date: 12-9-09
ICHD-Environmental Health Division