Type 4
11:90
Inspection
2/26/2002

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 Kenneth M. Robertson DATE _____ PERMIT NO. 4637-16-2953

PHONE: Business _____ Home 873-4764 664-3078

LOCATION 150 W. T.L. McCrary TR Hidden Harbor. At end on Right. S. R. No. _____

SUBDIVISION NAME HIDDEN HARBOR LOT NO. 3 SECTION OR BLOCK NO. _____

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

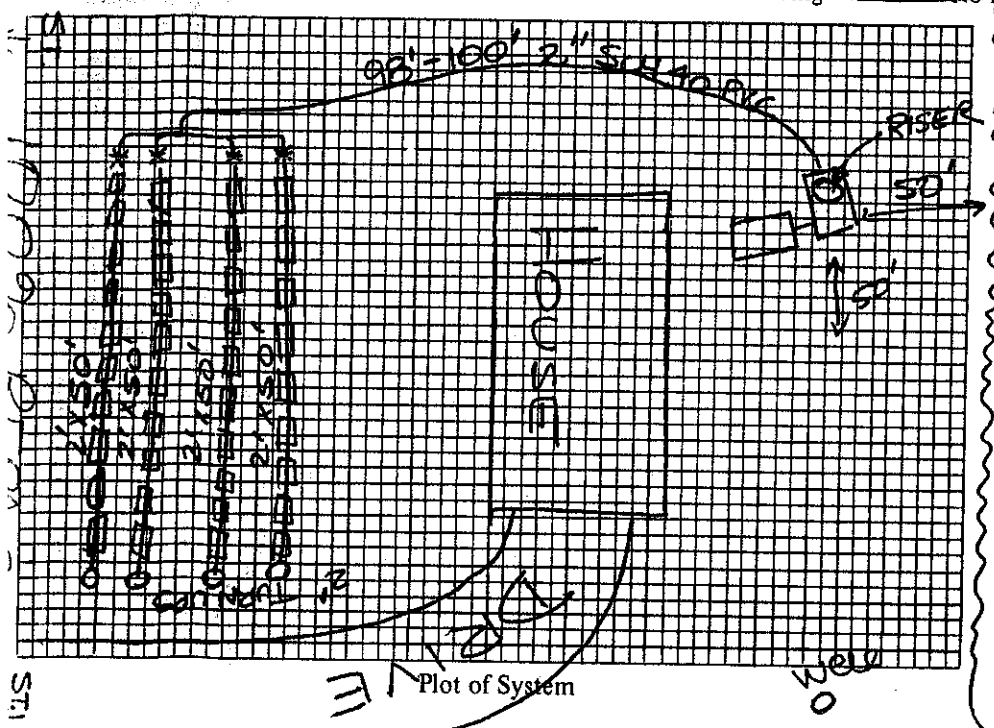
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clayey
Percolation Rate ~.4gpd // ft²
Topography 8-15%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area ~20,000 ft²

✓ Basement with Plumbing ~~Basement without Plumbing~~ No Basement PUMP TANK : 1000gals.



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )
LAKE NORMAN

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

* This Septic System was never Finaled by Health Dept.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

mit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making ovements Permit.

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