09166

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 Peter S. Dame DATE Oct 26, 88 PERMIT NO. ____________

PHONE: Business ____________ Home ____________

LOCATION 1100 TR 11 ? (Blume) TR Patternote ~ ½ mile on left S. R. No. ____________

SUBDIVISION NAME CL&T Lake Norman LOT NO. 168 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 ( )

Character & Porosity of Soil ____________

Percolation Rate ____________

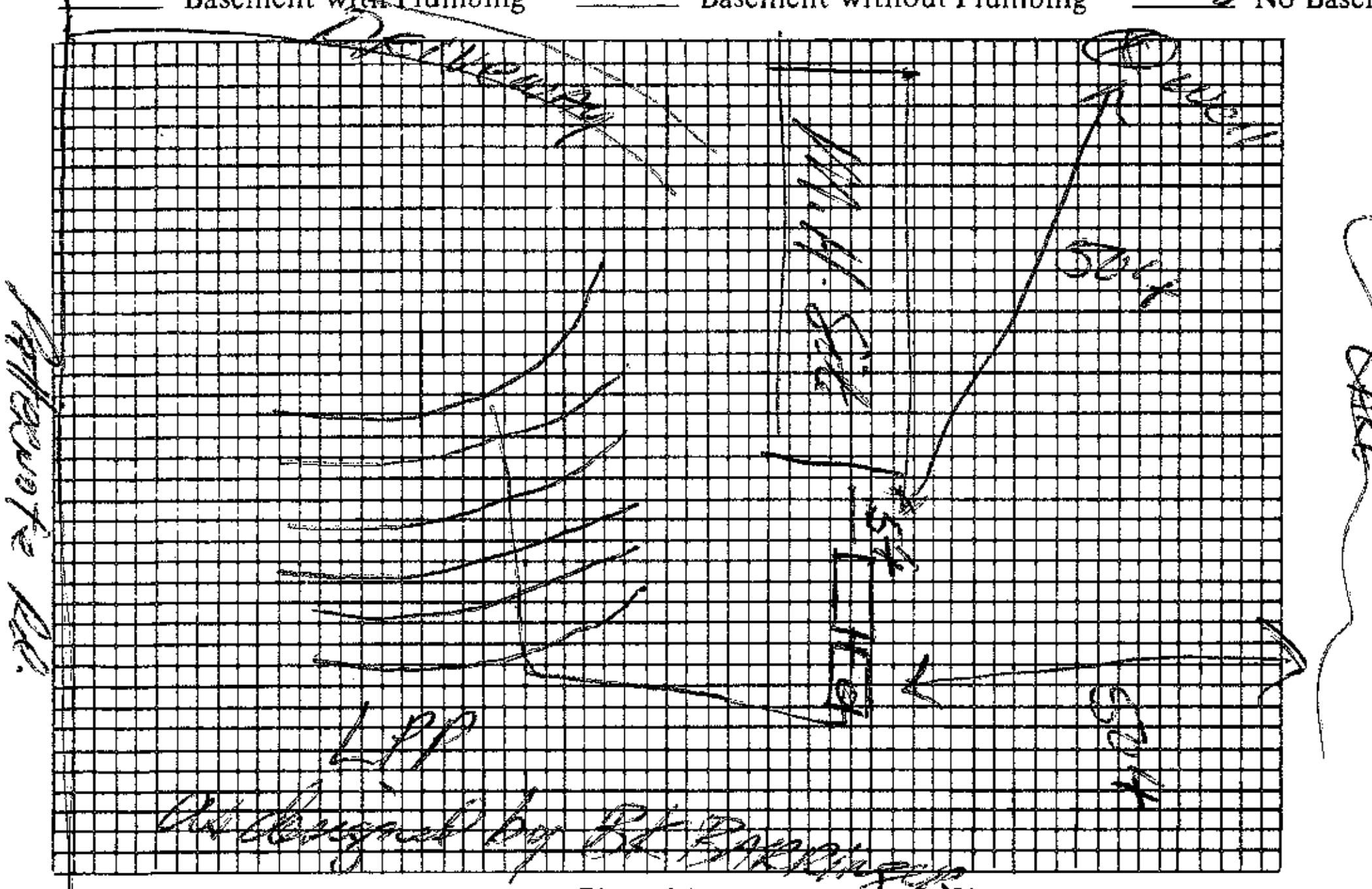
Topography ____________

Depth to Water Table ____________

Rock or other impervious formations ____________

Lot Area Existing

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines Existing

Sq. Ft. ________ Linear Ft. ________

Depth of Stone in Lines ____________

Water Supply: Individual ( )

Public ( )

Installed by ____________

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

Signed: ____________

IMPROVEMENTS PERMIT BY KRS.

COMMENTS: Existing system showing no sign of malfunction at time of inspection.

CERTIFICATE OF COMPLETION BY ____________ DATE ____________

EXISTING SYSTEM CHECKED BY: [signature], RS. DATE 10-26-88

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