4637·31·2672

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 W. T Royster DATE 7/11/88 PERMIT NO. ______

PHONE: Business ______ Home 664-6253

LOCATION 1100 TR Blume TR Patternote 3/4 mile on Left

______ S. R. No. ______

SUBDIVISION NAME CLFT LOT NO. 175 SECTION OR BLOCK NO. 9

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

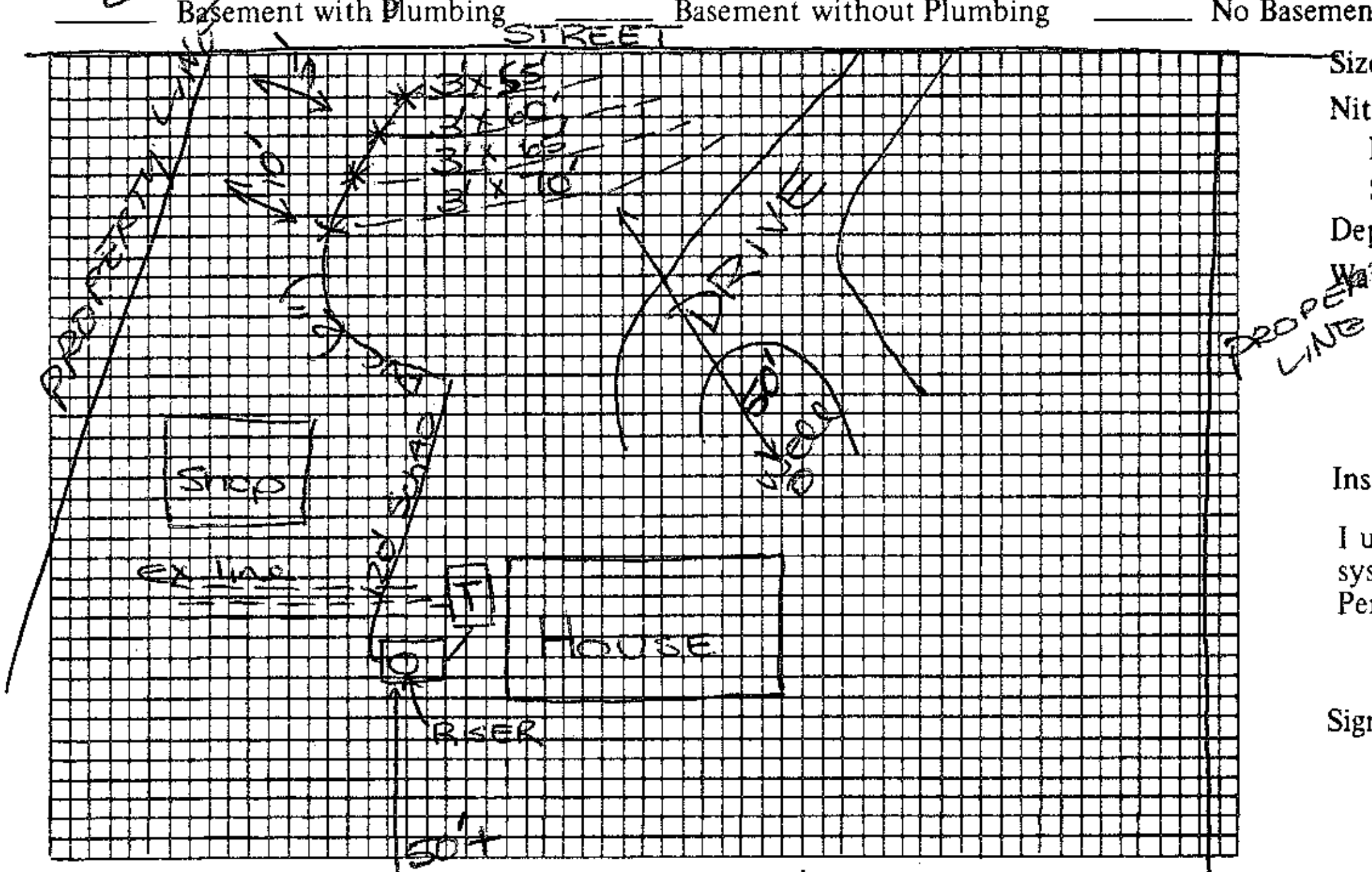
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil existing – clayey
Percolation Rate .4 gpd/ft²
Topography 6%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area existing

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement Pump Tank 1000



Size of Tank existing Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by F. J. ERVIN

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

Signed: ______

Plot of System NOT TO SCALE

IMPROVEMENTS PERMIT BY Andre C. Pierce Lake Norman

COMMENTS: Keep tank pumped every 3-5 years.

CERTIFICATE OF COMPLETION BY Andre C. Pierce DATE July 11, 1988

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 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