4037410544

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 J.W. Apargo DATE 11-15-84 PERMIT NO. 420

PHONE: Business _____ Home _____

LOCATION 400 TR 1250 Bear left on Oak Tree Road 3/4 mile on R S. R. No. _____

SUBDIVISION NAME LAKE NORMAN LOT NO. 210 SECTION OR BLOCK NO. 9

House (X) Mobile Home ( ) Business ( ) Other Adding small addition to work shop (no plumbing)

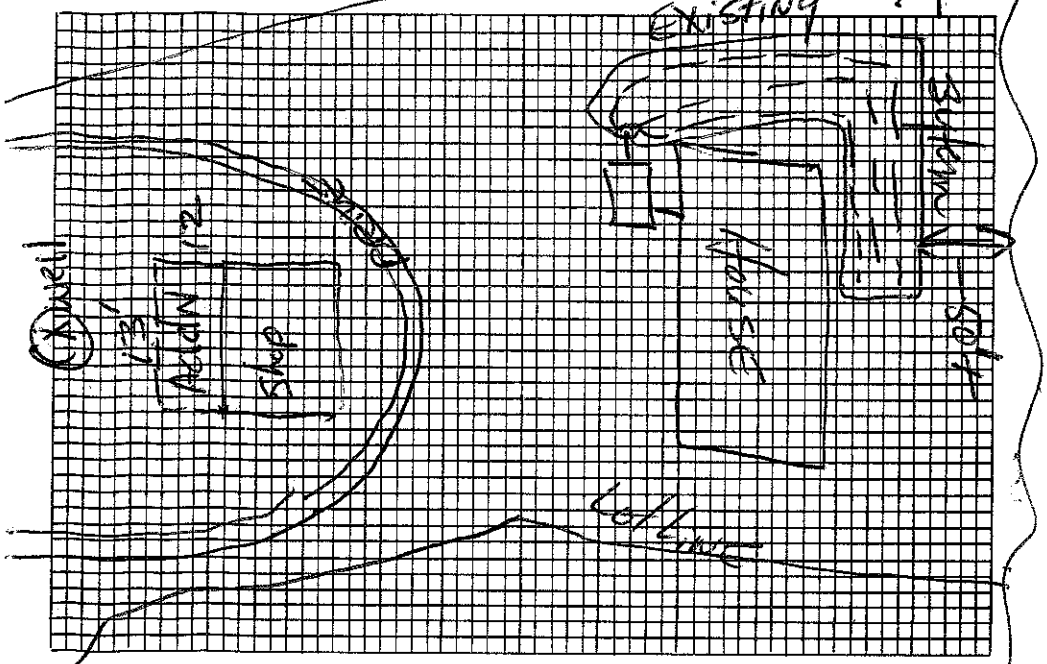
No. Bedrooms 2 No. Bathrooms 1

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

Lot Area 20,000 Ft²

Character & Porosity of Soil _____
Percolation Rate _____
Topography EXISTING
Depth to Water Table System
Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ___X___ 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 (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

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 11-15-84

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