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 Bob Boone DATE 5-4-76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 west in Turnout on I-40 E and 7th on Hwy Turn on right S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 7 SECTION OR BLOCK NO. 7

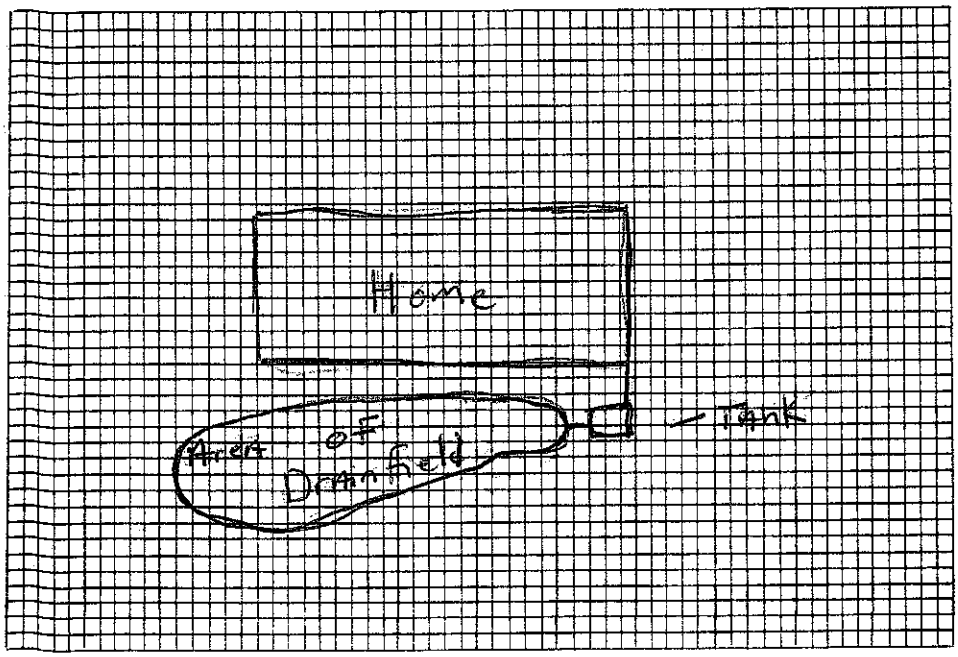
House ( ) Mobile Home ( ) Business ( ) Other Modular Home (mobile unit)

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area Large

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



Plot of System

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

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: System installed 1976 Tank Inspected Trench Inspected Tank to be Covered with Mound Home Recent Septic Tank Pumping Both Houses

CERTIFICATE OF COMPLETION BY _____ DATE _____

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

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