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 Joseph R. Howell DATE 4-21-82 PERMIT NO. 107

PHONE: Business _____ Home _____

LOCATION 150 West TR 1438 TR 1450 Abt ½ mile on R S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 240 SECTION OR BLOCK NO. 11

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

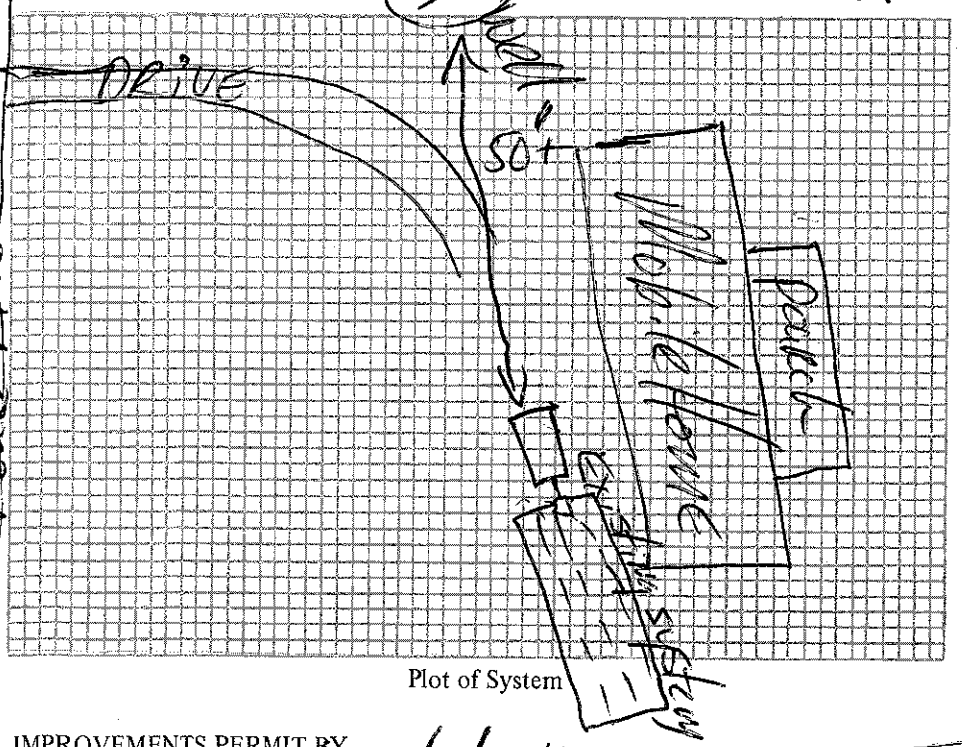
No. Bedrooms 2 No. Bathrooms 2

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

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

Lot Area Existing ± 3/4 Acre Lot Line

_____ 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: _____

Road 1450

IMPROVEMENTS PERMIT BY Lot Line

COMMENTS: Existing System Working OK At date of inspection +

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 4-21-82

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