IREDELL COUNTY HEALTH DEPARTMENT 4638040495

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Rick Ingle DATE 3-31-82 PERMIT NO. 68

PHONE: Business _____ Home _____

LOCATION 150 W TR 1396 1.0 mile TL in SHARP CURVE on left

S. R. No. _____

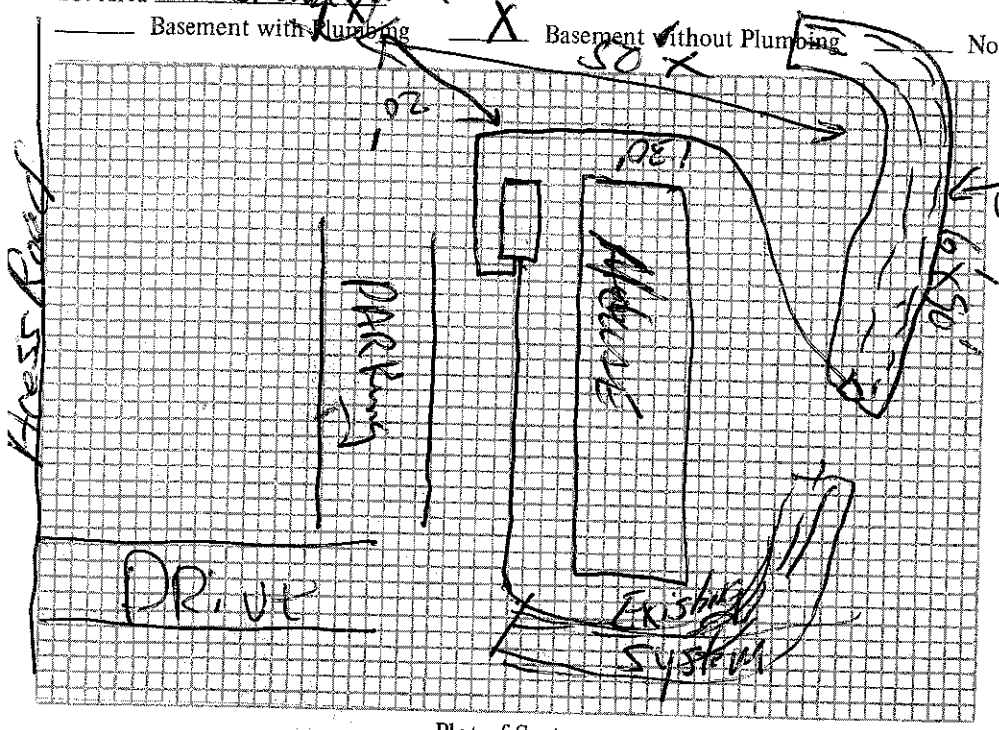
SUBDIVISION NAME Lake Norman LOT NO. 197 SECTION OR BLOCK NO. 11

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil		
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	Existing	
Auto. Wash. Machine	Yes (X)	No ( )	Topography		
Site Suitable	Yes (X)	No ( )	Depth to Water Table	System	
Lot Area Existing Well			Rock or other impervious formations		

_____ Basement with Plumbing X Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 540 Linear Ft. 180'
Depth of Stone in Lines 16"

Water Supply: Individual (X)
Public ( )

Installed by Leon Thompson

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: old Line cut off at tank

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 3-31-82

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

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(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

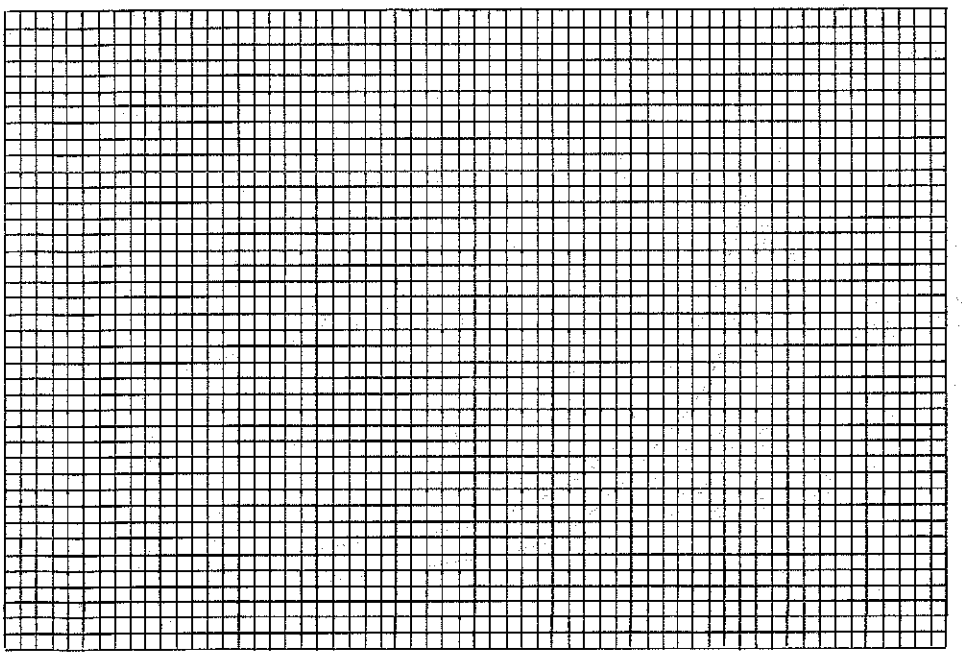
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

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



Plot of System

Size of Tank _____ 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: _____

_____

_____

CERTIFICATE OF COMPLETION BY _____ DATE _____

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

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