IREDELL COUNTY HEALTH DEPARTMENT 4638 04 2347

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

OWNER OR CONTRACTOR Ron Moore DATE 6-24-82 PERMIT NO. 189

PHONE: Business _____ Home _____

LOCATION 150W TR 1396 0.9 mile on left 12 on left

SUBDIVISION NAME Lake Norman LOT NO. 198 SECTION OR BLOCK NO. 11 S. R. No. _____

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

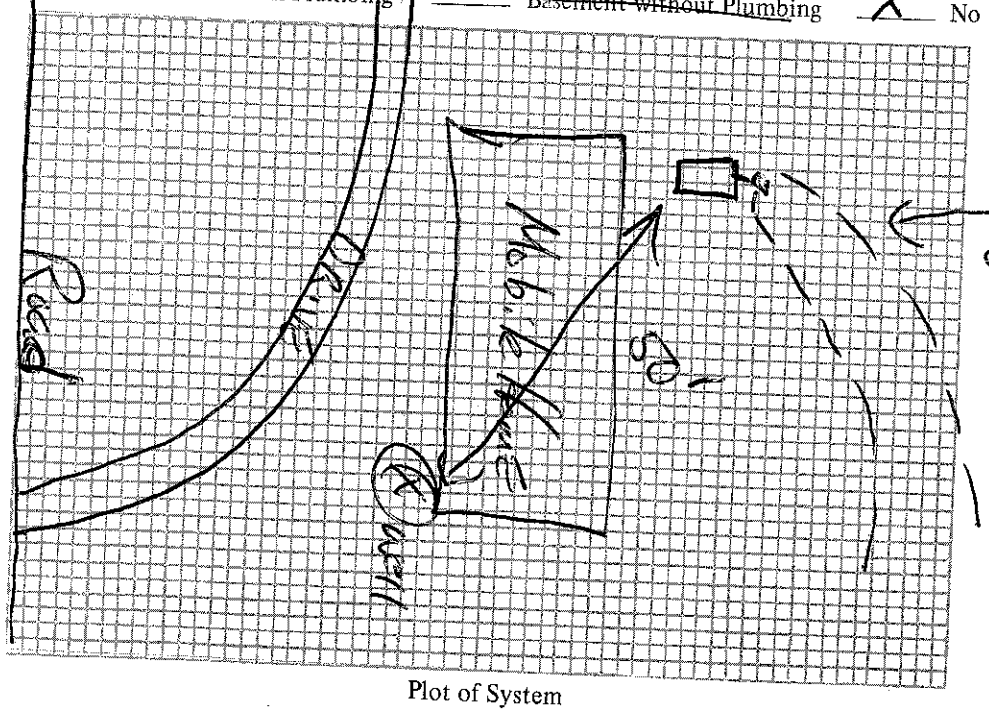
No. Bedrooms 3 No. Bathrooms 2

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

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 _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE 6-24-82

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