IREDELL COUNTY HEALTH DEPARTMENT

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

/NER OR CONTRACTOR Roy Stallings DATE 4-15-82 PERMIT NO. 90

ONE: Business _____ Home _____

CATION 150 W. TR 1396 near end on left

_____ S. R. No. _____

BDIVISION NAME Lake Norman LOT NO. 7 SECTION OR BLOCK NO. 11

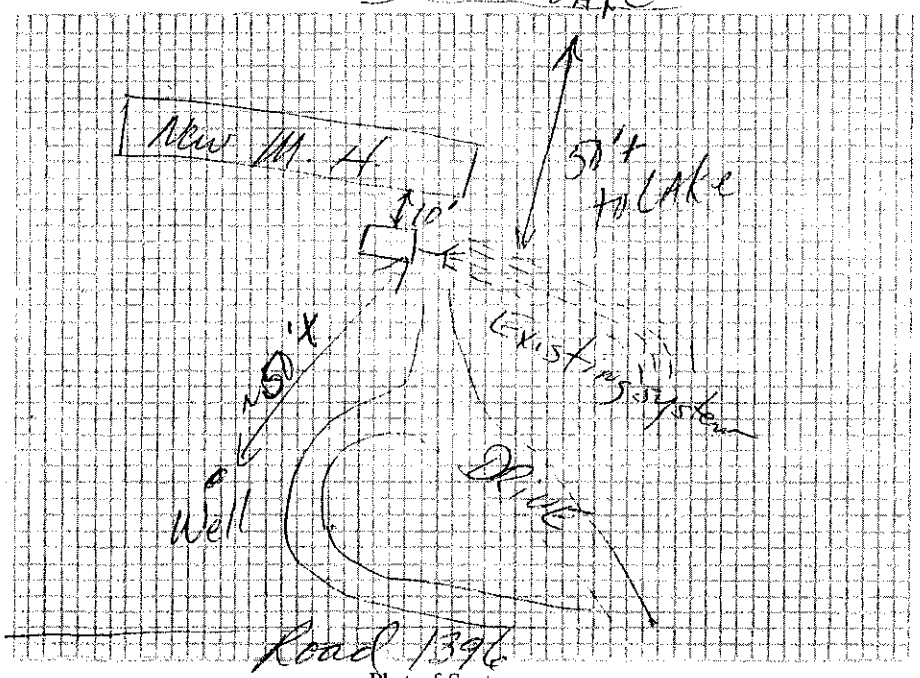
use ( ) Mobile Home (✓) Business ( ) Other _____

. Bedrooms 3 No. Bathrooms 2

rbage Disposal Unit Yes ( ) No (✓)
to. Dishwasher Yes (✓) No ( )
to. Wash. Machine Yes (✓) No ( )
e Suitable Yes (✓) No ( )
Area 1/2 - 3/4 AC.

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

_____ Basement with Plumbing _____ Basement without Plumbing ✓ 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 ( )
Public ( )

Installed by _____

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

Signed: _____

'ROVEMENTS PERMIT BY _____

MMENTS: Existing system working at time of inspection. Changing M. H.'s

RTIFICATE OF COMPLETION BY _____ DATE _____

ISTING SYSTEM CHECKED BY: David Robinson DATE 4-15-82

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.
mit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making provements Permit.

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