4638236522

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 Charles W. Gooden DATE Mar 31, 87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W TR 1303 (Peek Rd.) TL Normandy Road next to last house on Rt. _____ S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 151 SECTION OR BLOCK NO. 11

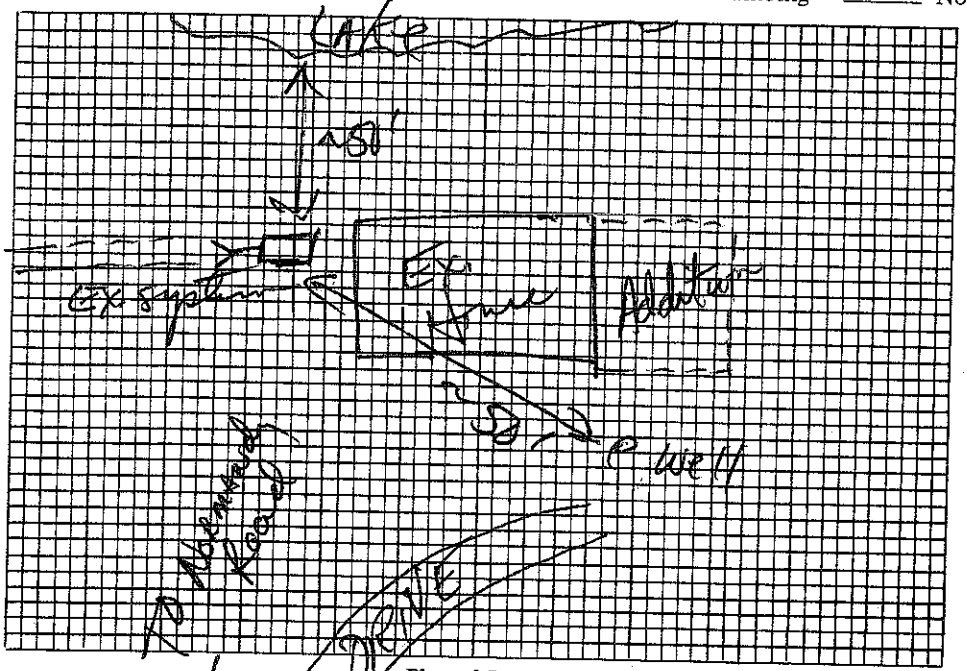
House (✓) Mobile Home ( ) Business ( ) Other Adding Great Room w/ Basement

No. Bedrooms 2-3 No. Bathrooms 1-2

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

Lot Area Existing

_____ 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: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system OK at time of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: R. Hinson RS. DATE 3-31-87

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