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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 C. Philip McLaughlin DATE 7-9-86 PERMIT NO. 398

PHONE: Business _____ Home _____

LOCATION 150W TR on Perth Rd TL on Nordmday Rd go to end on Right S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 150 SECTION OR BLOCK NO. 8

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 ( )

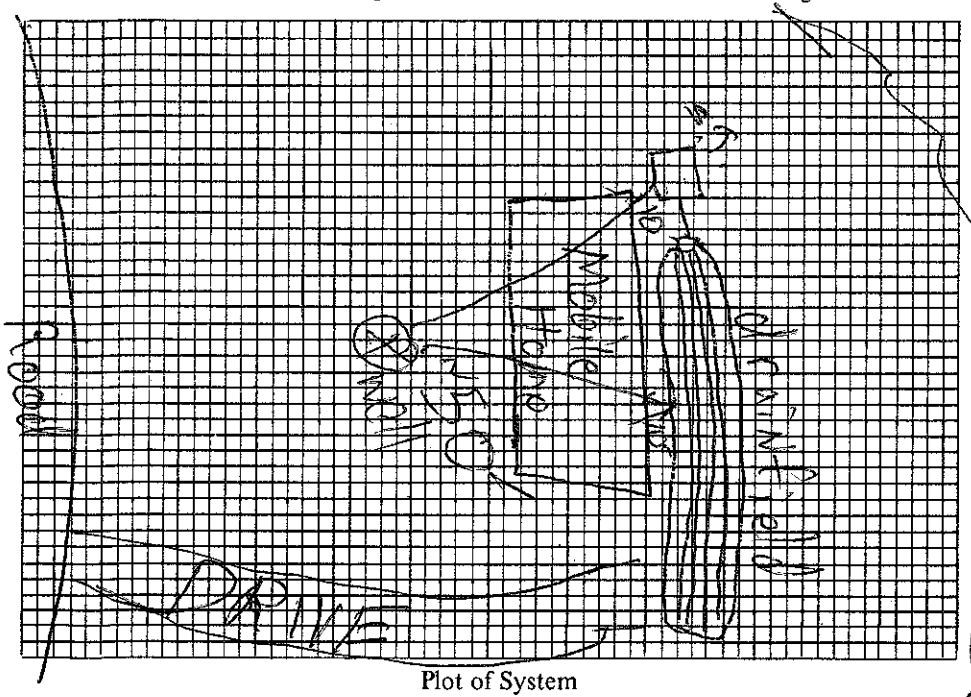
EXISTING

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

EXISTING

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank _____ Gals.
Nitrification Field
No. of Lines 4
Sq. Ft. _____ Linear Ft. 100
Depth of Stone in Lines EXISTING
Water Supply: Individual (✓)
Public ( )

Installed by Lackey 1977

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 _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles L. Barnett DATE 7-9-86

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