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 [illegible] DATE 2-17-22 PERMIT NO. 33

PHONE: Business _____ Home 425-3078

LOCATION 158 W Troy 1505 Turn on left at end on Nomad Drive. S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 102 SECTION OR BLOCK NO. 2

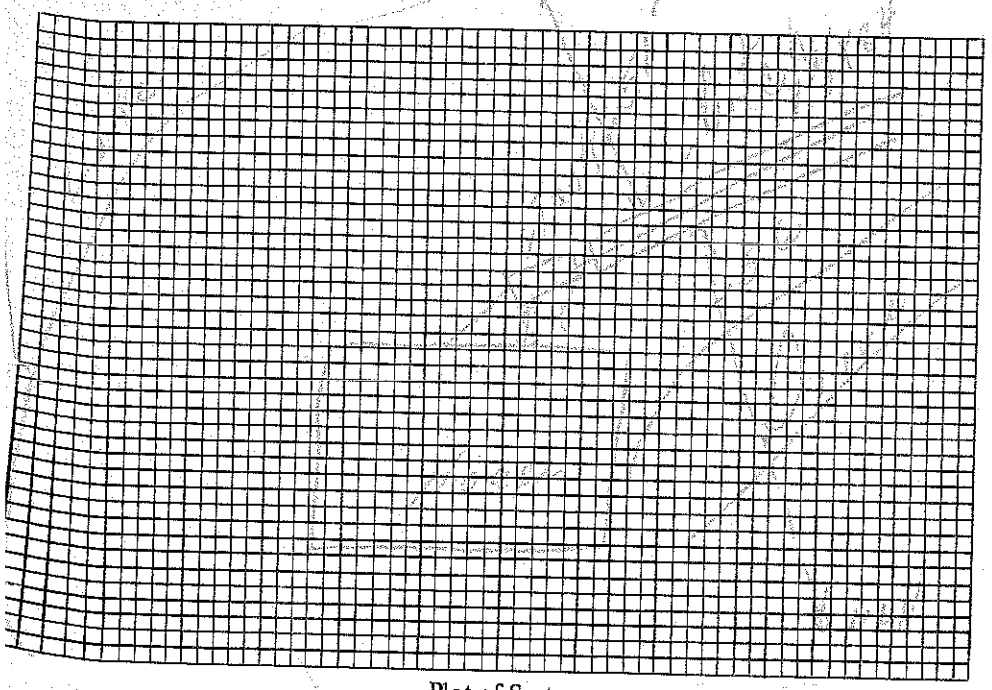
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3

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

Lot Area [illegible]

Character & Porosity of Soil Clay loam Angular blocky
Percolation Rate 1 in 10 min
Topography Slope
Depth to Water Table 6' to 10'
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 225 Linear Ft. 225
Depth of Stone in Lines 24"
Water Supply: Individual (X)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY [illegible]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

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

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