IREDELL COUNTY HEALTH DEPARTMENT 4638 39 6456

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

OWNER OR CONTRACTOR [illegible] DATE 6-21-78 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION ____

S. R. No. ____

SUBDIVISION NAME Lake Norman LOT NO. 29 SECTION OR BLOCK NO. 15

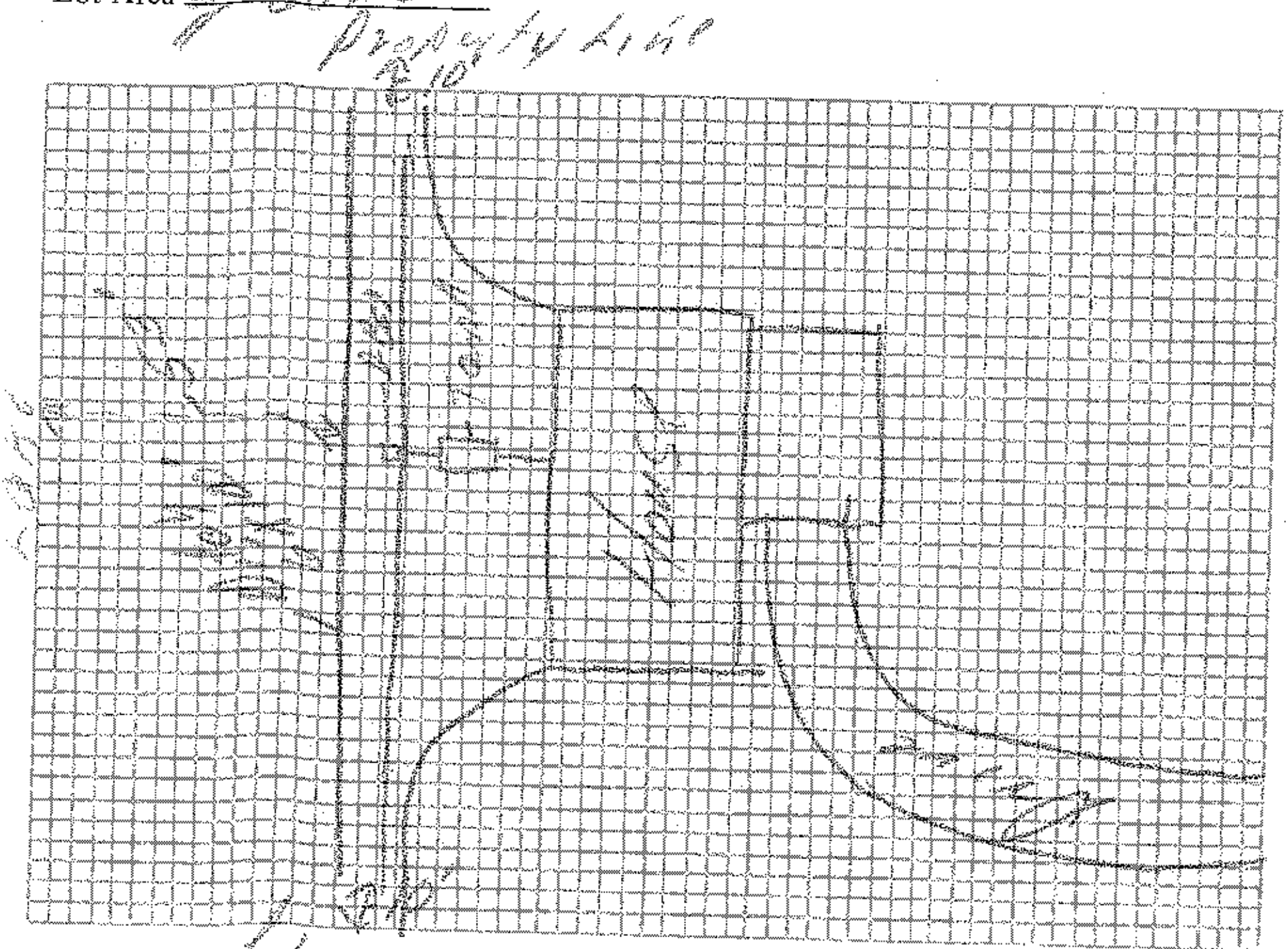
House (✓) Mobile Home ( ) Business ( ) Other ____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 1 acre

Character & Porosity of Soil Clay loam
Percolation Rate 43 min/inc
Topography 3% slope
Depth to Water Table 6' to 8'
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 18
Water Supply: Individual (✓)
Public ( )

Installed by [illegible]

IMPROVEMENTS PERMIT BY ____

COMMENTS: ____

CERTIFICATE OF COMPLETION BY [illegible] DATE 6-21-78

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