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 Robert A. Cooper DATE 8-18-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 West TR on 1303 TR on 1479 ½ mi on left S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 27 SECTION OR BLOCK NO. 11

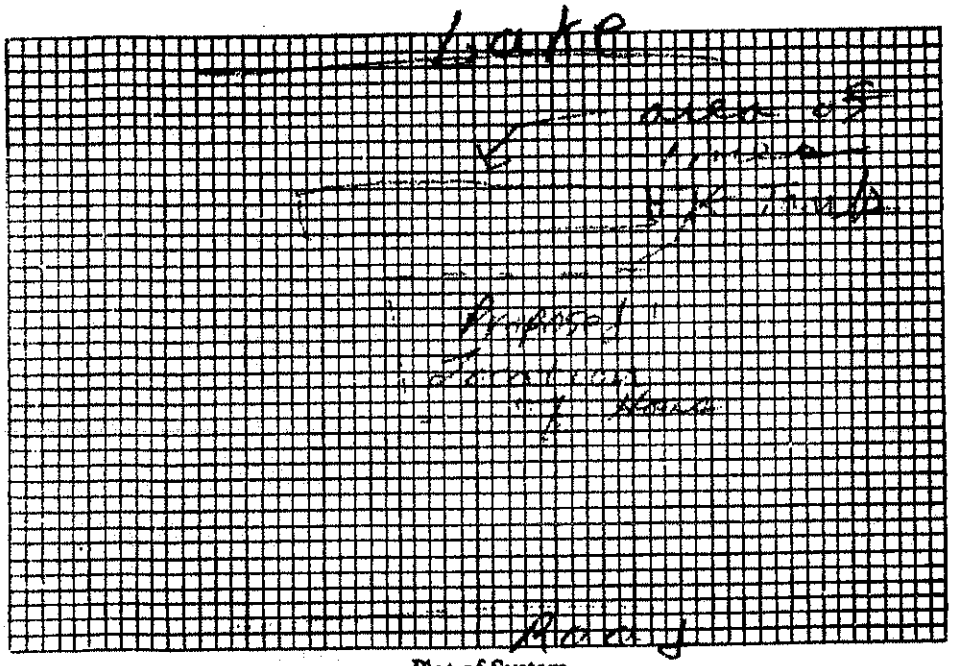
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area ¾ acre

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



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 562½ Linear Ft. 225
Depth of Stone in Lines _____
Water Supply: Individual (✓)
Public ( )

In 1970
Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Building new house to use existing system that has mobile Home now. when house is occupied mobile Home must be disconnected from

CERTIFICATE OF COMPLETION BY _____ DATE 8-18-

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