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 8-18-95 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 3/4 acre

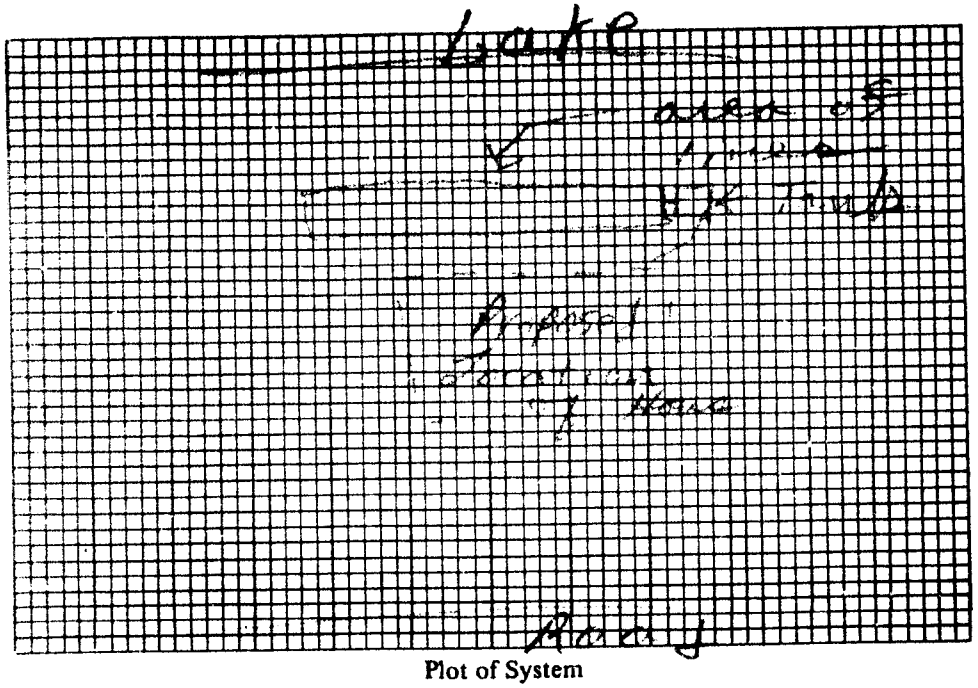
Character & Porosity of Soil Existing System

Percolation Rate _____

Topography _____

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 ( )

Installed by In 1970

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 system

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 8-18-95

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