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 Steve Gosforth DATE 4-9-80 PERMIT NO. 67

PHONE: Business _____ Home _____

LOCATION 150W TR 1303 TR 1479 BRtn/1480 ~10 Yd Lot ON Left

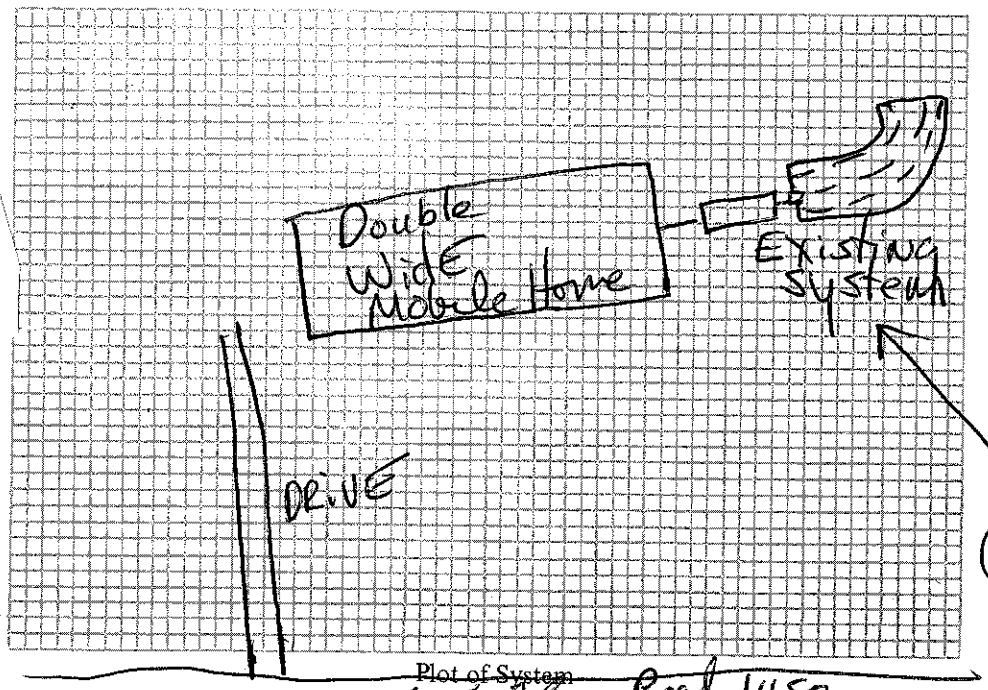
S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 25 SECTION OR BLOCK NO. 11

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Existing
Auto. Dishwasher	Yes ( )	No (X)	Percolation Rate	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	
Site Suitable	Yes (X)	No ( )	Depth to Water Table	
Lot Area 20,000ft² + Lake			Rock or other impervious formations	



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Existing system working ok at date of inspection
Not much drain line apparent

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 4-9-80

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