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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 Fotsch

PHONE: Business ________ Home ________ DATE Feb 7 '90 PERMIT NO. 3C-10-A-1[illegible]

LOCATION 1303 N. TR 1300 (Fern Hill) TR 1449 (Riverbend) TR
2nd gravel road near end on Right

SUBDIVISION NAME CLST Lake Norman

LOT NO. 187 S. R. No. ________ SECTION OR BLOCK NO. 15

House (✓) Ex Mobile Home ( ) Business ( ) Other Addition of Rec Room, garage, living Room
NO Additional Bedrooms

No. Bedrooms 3 No. Bathrooms 2-3

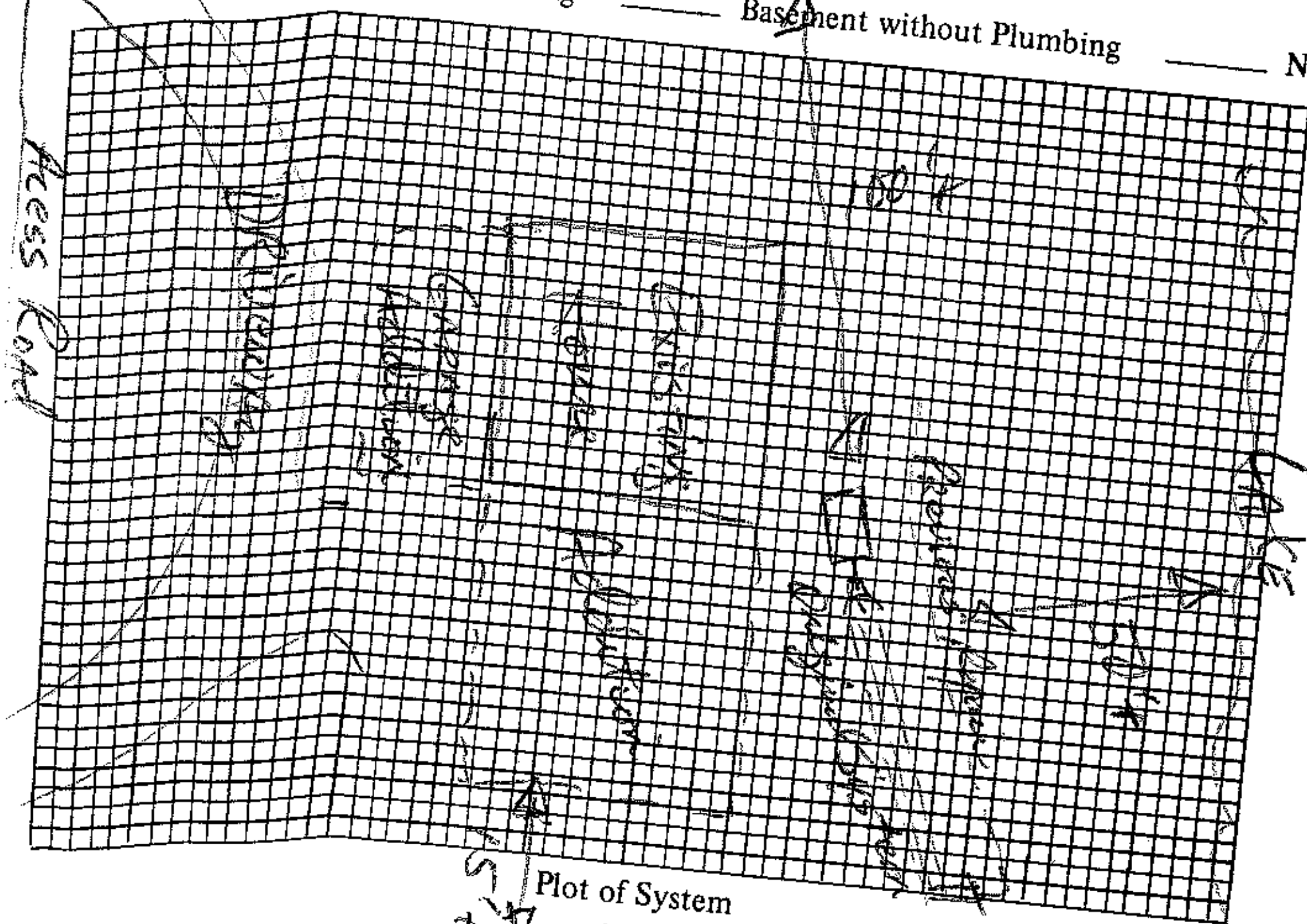
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )

Lot Area Existing

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

___ Basement with Plumbing ___ Basement without Plumbing ___ No Basement

Ex Well



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. ________ Linear Ft. ________
Depth of Stone in Lines ________
Water Supply: Individual ( )
Public ( )

Installed by ________

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: ________

IMPROVEMENTS PERMIT BY ________

COMMENTS: Existing system showing no sign of malfunction at time of inspection. No increase in living capacity (ie bedrooms) of house

CERTIFICATE OF COMPLETION BY ________ DATE ________

EXISTING SYSTEM CHECKED BY: [signature], EHS DATE 2-7-90

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

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

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