4639148352

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 Joyce Weeks DATE 4-14-82 PERMIT NO. 79

PHONE: Business _____ Home _____

LOCATION 1500 TR 1303 TR 1300 TR 1400 TR 1432 1st brick house on left

SUBDIVISION NAME Lake Norman LOT NO. 21 S. R. No. _____ SECTION OR BLOCK NO. 16

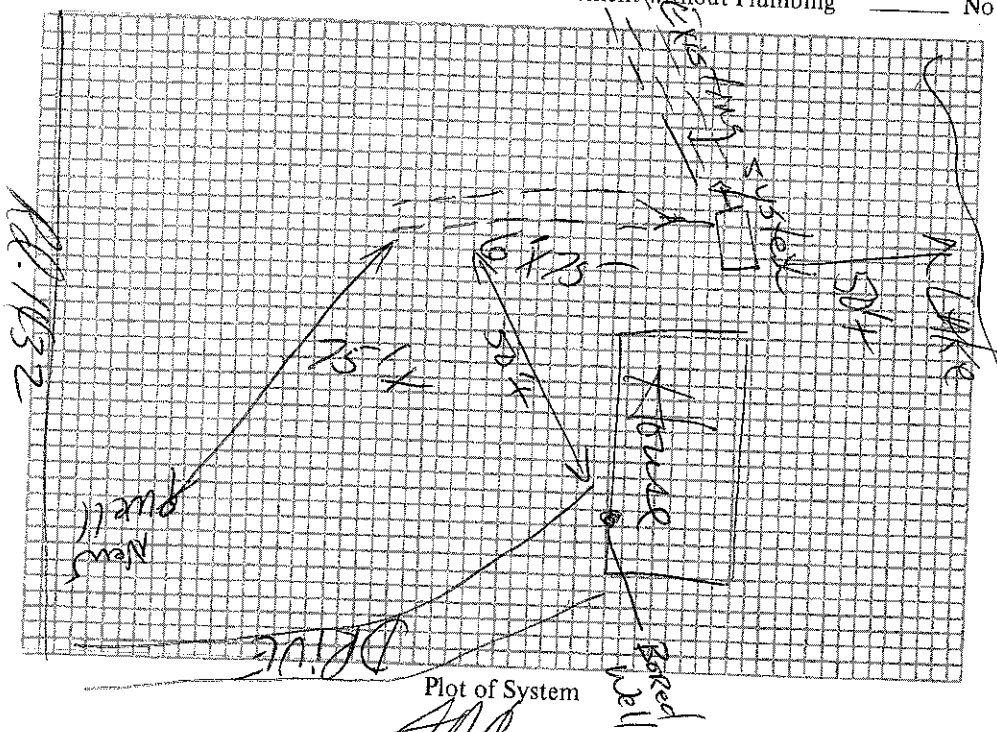
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate
Auto. Wash. Machine	Yes (✓)	No ( )	Topography
Site Suitable	Yes (✓)	No ( )	Depth to Water Table
			Rock or other impervious formations

Lot Area Existing

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines 16"

Water Supply: Individual (✓)
Public ( )

Installed by Sigmon

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

Signed: _____

IMPROVEMENTS PERMIT BY AC

COMMENTS: Repair 8-9' deep at end

CERTIFICATE OF COMPLETION BY David Hinson

EXISTING SYSTEM CHECKED BY: _____ DATE 4-14-82

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