4639154183

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 Stephen J. Ginada DATE 3/21/84 PERMIT NO. 66

PHONE: Business _____ Home _____

LOCATION 150 W TR 1303 TL 1300 TR 1432 ½ mile on left

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 30 SECTION OR BLOCK NO. 16

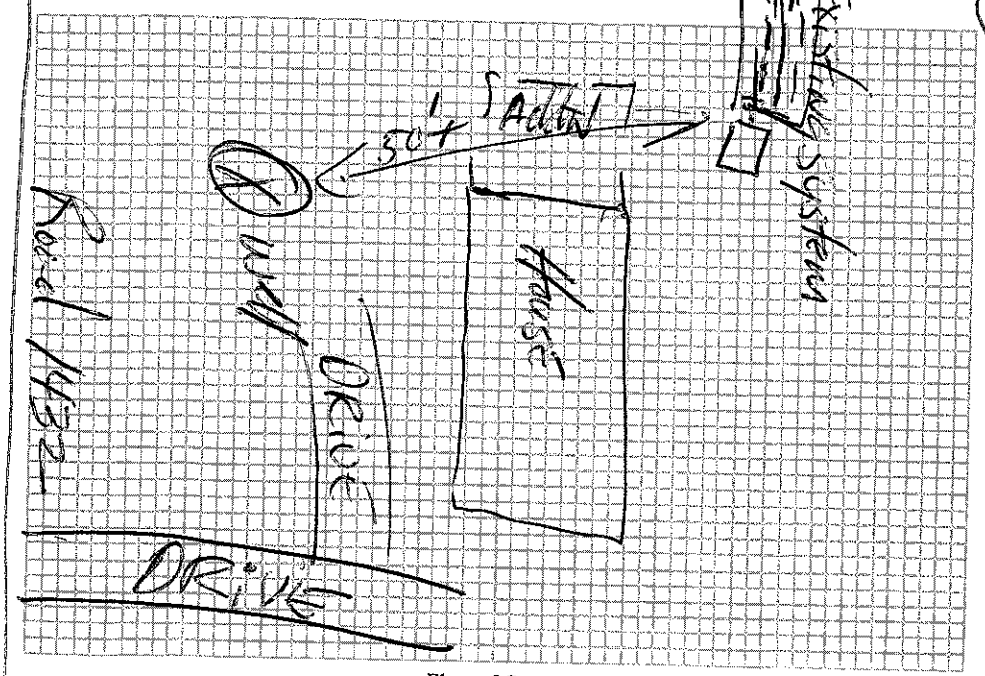
House (X) Mobile Home ( ) Business ( ) Other 20'x33' Addition No plumbing

No. Bedrooms 3 No. Bathrooms 1

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

Lot Area Existing

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



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 X
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 working OK At date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____
EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 3/21/84

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