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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 Thomas R. Miller DATE 3/20/84 PERMIT NO. 64

PHONE: Business _____ Home _____

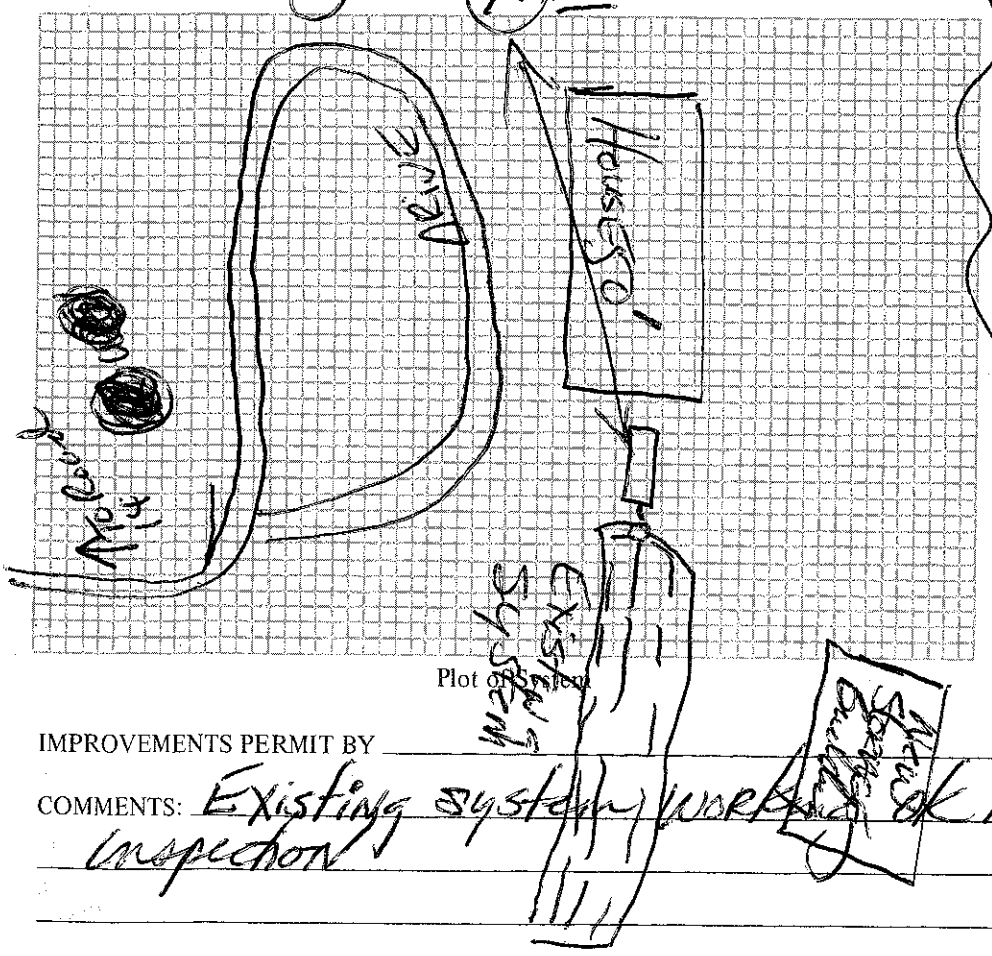
LOCATION 150W TR 1303 TL 1300 TR 1400 TR 1432 (Marietta loop) ½ mile on left A FRAME S. R. No. _____

SUBDIVISION NAME LAKE NORMAN LOT NO. 34 SECTION OR BLOCK NO. 16

House (X) Mobile Home ( ) Business ( ) Other 30'x28' garage No plumbing

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	Existing
Site Suitable	Yes (X)	No ( )	Depth to Water Table	System
Lot Area Existing			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 worked OK At date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 3/20/84

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