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 James B. King DATE 3/28/84 PERMIT NO. 44

PHONE: Business _____ Home _____

LOCATION 150 W TR 1303 TL 1300 TR 1432 About ½ mile ONR

S. R. No. _____

SUBDIVISION NAME LAKE NORMAN LOT NO. 35 SECTION OR BLOCK NO. 16

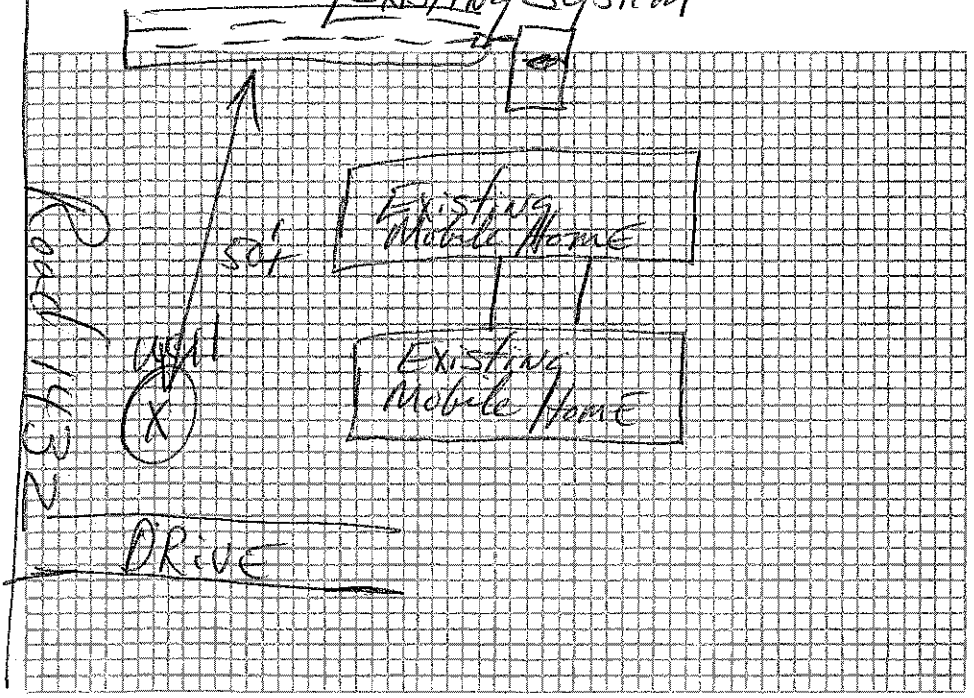
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

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

Lot Area Existing



Plot of System

Size of Tank Existing Gals.
Nitrification Field: Existing
No. of Lines _____
Sq. Ft. 750 Linear Ft. 250
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 3/28/84

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