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 Ben Wright DATE 2-21-85 PERMIT NO. 49

PHONE: Business _____ Home _____

LOCATION 150 W. TR 1303 TR 1300 TR 1471 (Tennessee Circle)
Bear left on 1471 6th on left S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 75 SECTION OR BLOCK NO. 16

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

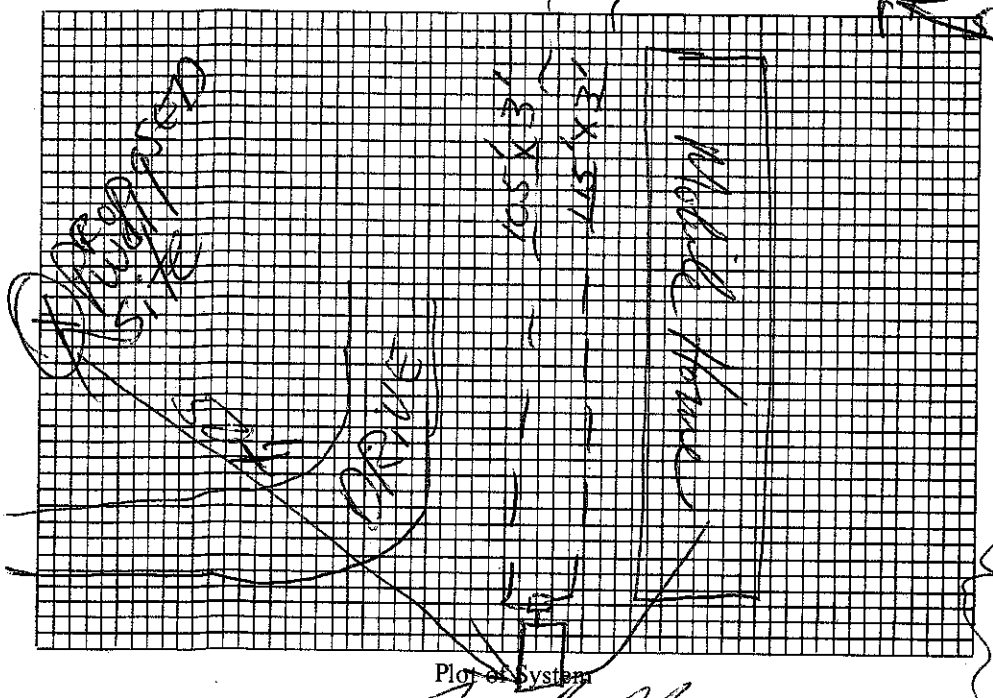
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000+ sq ft

Character & Porosity of Soil Clay Silty p.m.
Percolation Rate 0.5 gpf 24 hrs
Topography 2 to 9%
Depth to Water Table _____
Rock or other impervious formations NONE obs.

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 660 Linear Ft 220
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public ( )

Installed by Lake Norman Septic

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Could only install 220 LFT of Nitrification line due to Rock constraints + Topography

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 2-21-85

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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