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 Charles Schneider DATE 7-8-85 PERMIT NO. 306

PHONE: Business _____ Home _____

LOCATION 150 W TR 1303 TL 1300 5th Lot on left 147 (Tennessee Circle), BL on 147 S.R. No. _____

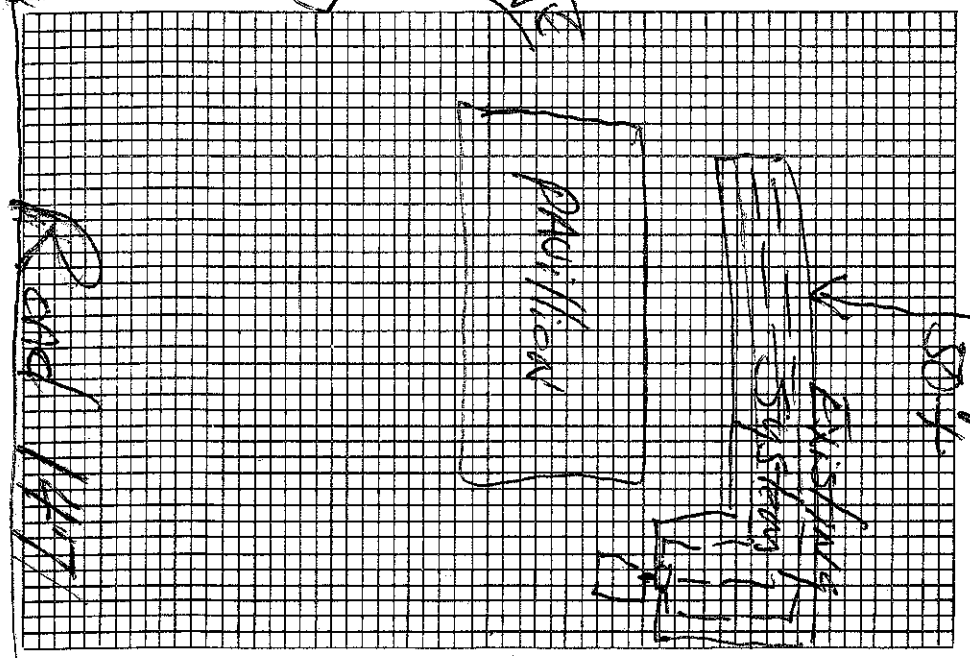
SUBDIVISION NAME LAKE NORMAN LOT NO. 73 SECTION OR BLOCK NO. 16

House (X) Mobile Home ( ) Business ( ) Other Enclosing Pavilion Future House to be No more than 3BR

No. Bedrooms 3 No. Bathrooms 2

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 System	
Site Suitable	Yes (X)	No ( )	Depth to Water Table		
~~Lot Area~~ Existing Drive			Rock or other impervious formations		

~~Basement with Plumbing~~ ____ Basement without Plumbing ____ X No Basement



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 ( )
Well next door

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: Paul Clemmons 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