IREDELL COUNTY HEALTH DEPARTMENT 4648-02-6956

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C) 465 Big Indian Lp

OWNER OR CONTRACTOR Charles M Conniles DATE 5-4-84 PERMIT NO. 123

PHONE: Business _____ Home _____

LOCATION 150W TR 1474 TL 1395 TR 1442
¼ M. to ex left
S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 35 SECTION OR BLOCK NO. 12

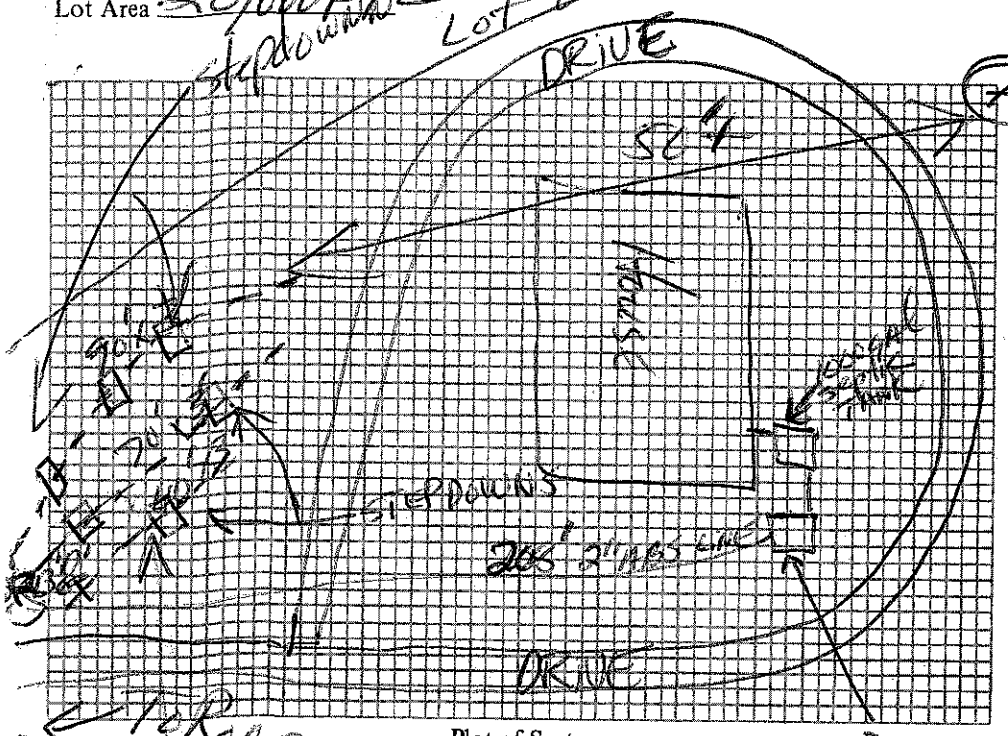
House (X) Mobile Home ( ) Business ( ) Other _____

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 loam
Percolation Rate 0.5 gal/sq ft/day
Topography 10-15%
Depth to Water Table 4'+
Rock or other impervious formations None obs



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 660 Linear Ft. 210
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by Self-Installed

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

Signed: _____

IMPROVEMENTS PERMIT BY Jack Clemmer

COMMENTS: Neighbor's Well

CERTIFICATE OF COMPLETION BY Jack Clemmer DATE 5-4-84

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

This 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