3.0W

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 M. Corriher DATE 9-22-83 PERMIT NO. 212

PHONE: Business _____ Home _____

LOCATION 150 W TR 1474 TL 1467 TL 1395 TR 1442
¼ mile on 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

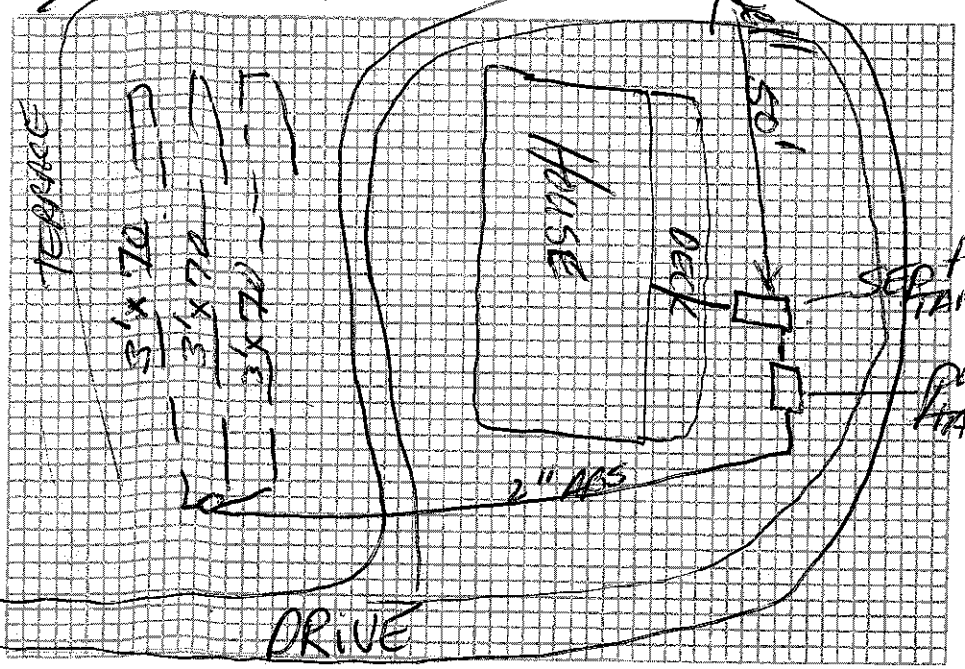
Garbage Disposal Unit	Yes	( )	No	(X)
Auto. Dishwasher	Yes	(X)	No	( )
Auto. Wash. Machine	Yes	(X)	No	( )
Site Suitable	Yes	(X)	No	( )

Lot Area 20,000 ft²

Character & Porosity of Soil clay loamy
Percolation Rate 0.5 gal/ft²/day
Topography 10-15%
Depth to Water Table 4 ft
Rock or other impervious formations NONE observed

X Basement with Plumbing ____ Basement without Plumbing ____ No Basement

1000 pump tank



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. ~~660~~ 210 Linear Ft. ~~660~~
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( ) LAKE

Installed by _____

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

Signed: X _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep System Shallow About 1.0' to 1.5' cover

CERTIFICATE OF COMPLETION BY _____ DATE _____

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