IREDELL COUNTY HEALTH DEPARTMENT 4648-02-8665

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

OWNER OR CONTRACTOR Marshall D. Silver DATE 7-14-83 PERMIT NO. 237

PHONE: Business _____ Home _____

LOCATION 150W TR 1467 TL 1395 TR Big Indian Loop
1/4 Mile on Left S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 32 SECTION OR BLOCK NO. 12

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

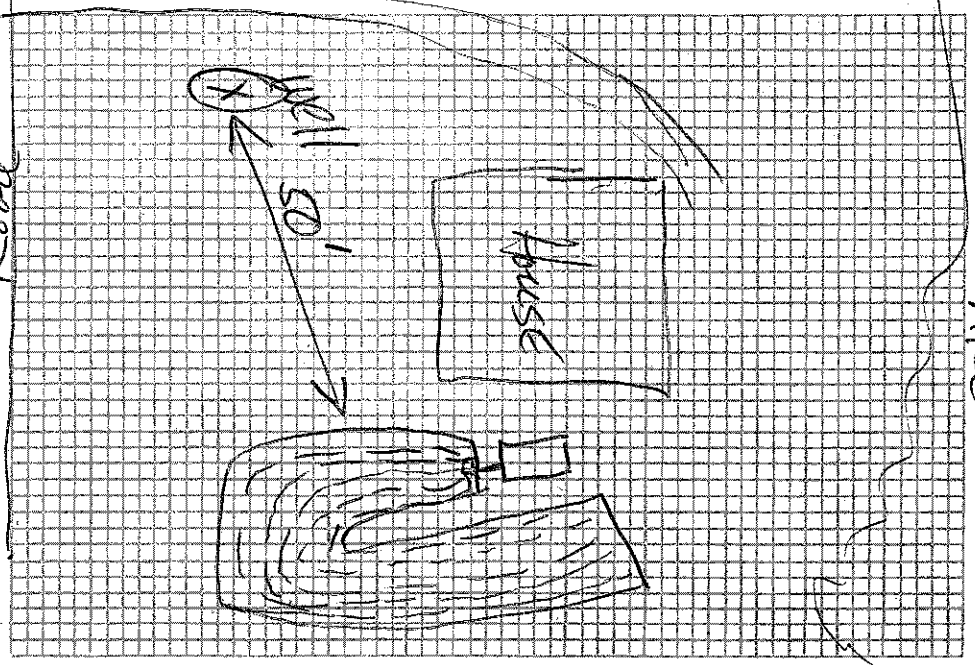
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area ~3/4 ACRE

Character & Porosity of Soil Clay loam
Percolation Rate 0.5 gal/ft²/day
Topography 8-10%
Depth to Water Table 4'
Rock or other impervious formations NONE observed

~~Basement with Plumbing~~ _____ Basement without Plumbing _____ X No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )
Kerr Lyon

Installed by Gary Warner

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 7-14-83

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